



SHOW ME  
*Healthy*  
Women

POWERED BY CDC  
**SCREENOUTCANCER**  
National Breast & Cervical Cancer  
Early Detection Program

**2021 - 22 Provider Manual**



This page intentionally left blank.

---

# Provider Manual

## Show Me Healthy Women (SMHW)

---

### Table of Contents

#### June 30, 2021 – June 29, 2022

Section	Content	Page
1.	<b>Overview</b>	
	Overview of SMHW/WISEWOMAN Programs .....	1.1
	Show Me Healthy Women Vision and Mission .....	1.1
	WISEWOMAN Vision and Mission .....	1.2
	History .....	1.2
	National Breast and Cervical Cancer Early Detection Program	
	WISEWOMAN	
	NBCCEDP and WISEWOMAN Similarities .....	1.3
	At-A-Glance Comparison of NBCCEDP and WISEWOMAN .....	1.4
	Contractual Agreements.....	1.5
	What We Do	
	Show Me Healthy Women Advisory Board.....	1.6
	Advisory Board Responsibilities	
2.	<b>Provider Contract Requirements</b>	
	Provider Contract Requirements .....	2.1
	Complete SMHW/WISEWOMAN Information Update Form	
	Recruit Clients	
	Attend Training	
	Register Clients for Services	
	Comply with HIPAA Regulations	
	Utilize Medical Staff	
	Obtain Permission for RN to Provide Services	
	Laboratories	
	MQSA	
	Report Results-Mammography	
	On-Site Quality Assurance Reviews	
	Notify Clients	
	Billing Clients	

	Electronic Data and Reports	
	Reporting Form	
	Electronic Reimbursement	
	Recording and Maintaining Documentation	
	Assure Follow-up	
	Communicating with Subcontractors	
	Subcontractor Requirements	
	Refer Tobacco Users	
	Submit Personnel Information	
	Collaborate	
Providers Who Terminate Participation .....		2.6
	Submit Letter	
	Continue to Report	
	Work with RPC	
Provider Application Approval Criteria .....		2.7
	Commitment	
	Accreditation	
	Capacity	
	Location	
	Commitment to Clients	
	Experience	
	Network	
	Compliance	
	Application Denial	

**3. Client Eligibility**

Client Eligibility Guidelines.....		3.1
	Age Eligibility Includes 35 to 64 Year-Old Women	
	Transgender Clients	
	Income Guidelines	
	Insurance Status of Uninsured or Underinsured	
	Current Breast or Cervical Cancer	
	MO HealthNet (Medicaid)	
	Medicare	
	Insurance	
Documentation and Certification of Client Eligibility.....		3.4
Free Transportation for Clients .....		3.5



Travel Voucher Instructions.....	3.6
Does the client need transportation?	
Secure client address and telephone number.	
Does client need any special assistance?	
Travel Vouchers	
Cancellation	
SMHW/WISEWOMAN Transportation Providers Fiscal Year 2022 (List) .....	3.8
SMHW/WISEWOMAN Transportation Providers Fiscal Year 2022 (Map) .....	3.9

#### 4. **SMHW Screening Recommendations**

SMHW Screening Recommendations .....	4.1
Provider Responsibilities	
Initial Screening	
Annual Screening	
Rescreening	
Green History Form .....	4.3
Clinical Requirements for SMHW Services .....	4.4
Comprehensive Breast and Cervical Screening	
Annual Screening Protocol	
Breast Cancer Screening	
Magnetic Resonance Imaging (MRI)	
High Risk for Breast Cancer	
Cervical Cancer Screening	
High Risk for Cervical Cancer	
Blue Screening Form.....	4.9
SMHW Clinical Service Summary .....	4.10

#### 5. **Diagnostic Breast Services and Treatment Coordination**

Diagnostic Breast Services and Treatment Coordination .....	5.1
Provider Assurances	
Suspicious or Abnormal Breast Results	
Determination of Screening Results	
Pending Abnormal Screening Results	
Rescreen Protocols .....	5.3
CBE	
Mammogram	
New Breast Lump	
Ultrasound	

Section	Content	Page
	Specialist Consultation Guidelines.....	5.5
	Specialist Consultation Reminder	
	Diagnostic Services Available.....	5.6
	Guidelines for Breast Diagnostic Services.....	5.7
	CBE Suspicious for Cancer	
	Non-palpable Mammography Abnormality	
	Ultrasound	
	Breast Biopsies	
	Fine Needle Aspiration, Core Needle, Stereotactic, Incisional or Excisional	
	3-D Mammography/Tomosynthesis	
	Flowchart: Selecting the correct form when entering a mammogram .....	5.8
	Guidelines for the Management of Breast Self-Exam (BSE)	
	Reported Symptoms .....	5.10
	Guidelines for the Management of Clinical Breast Exam (CBE) Results .....	5.11
	Guidelines for the Management of a “Suspicious for Cancer” CBE and First Follow-up Test is a Diagnostic Mammogram .....	5.12
	Guidelines for the Management of Women who Have Suspicious for Cancer CBE and first Follow-up Test is NOT a Mammogram.....	5.14
	Diagnostic Breast Follow-up Algorithms .....	5.16
	Purple Breast Form.....	5.19
	Alert Value Follow-Up .....	5.20

## 6. **Abnormal Cervical Screening Results**

	Abnormal Cervical Screening Results .....	6.1
	Suspicious or Abnormal Cervical Results	
	Determination of Screening Results	
	Pending Abnormal Screening Results	
	Protocol for Rescreen .....	6.3
	Pelvic Examination	
	Pap Test	
	Specialist Consultation Guidelines.....	6.4
	Specialist Consultation Reminder	
	Not Considered a Specialist Consultation	
	Diagnostic Services Available.....	6.5
	Pap Test Exceptions	
	Guidelines for Cervical Diagnostic Services .....	6.6
	High-Risk Human Papillomavirus (HPV) Testing	

	Cervical Conization	
	Yellow Cervical Form .....	6.7
	ASCCP Algorithms and 2020 Updated Consensus Guidelines are located at <a href="http://www.asccp.org/">http://www.asccp.org/</a>	
	Alert Value Follow-up .....	6.8
	SMHW providers shall	
	Cervical situations that require follow-up within 90 days	
<b>7.</b>	<b>MO HealthNet - BCCT Act</b>	
	MO HealthNet Breast and Cervical Cancer Treatment Act.....	7.1
	Basic BCCT Act Eligibility Guidelines .....	7.2
	BCCT Temporary MO HealthNet Authorization Letter (Presumptive Eligibility)	
	BCCT MO HealthNet Application (Extended BCCT coverage) Extending MO HealthNet Treatment Eligibility beyond the presumptive period	
	Instructions to Transfer a client from another state BCCT Program	
	MO HealthNet Treatment Services Covered .....	7.6
	Covered Services	
	SMHW Provider Responsibilities .....	7.7
	SMHW Regional Program Coordinator BCCT Responsibilities .....	7.8
	Family Support Division Responsibilities .....	7.9
<b>8.</b>	<b>Performance Indicators</b>	
	Performance Indicators .....	8.1
	Quality Assurance .....	8.2
	Quality Assurance Follow-Up	
	Quality Assurance Provider Expectations	
	Client Rights	
	Intake and Eligibility Guidelines	
	Screening and Diagnostic Protocols	
	Clinic Management	
	SMHW Quality Assurance Form.....	8.5
<b>9.</b>	<b>Billing Guidelines</b>	
	Billing Guidelines.....	9.1
	Provider Reimbursement Guidelines	

Reasons for Denial

Providers will not receive reimbursement under the following circumstances

Insurance Guidelines .....	9.3
Administrative Referral Fee .....	9.4
Direct Billing Diagnostic Providers .....	9.5
Mammography Van Billing Guidelines .....	9.5
Screening/Referring Provider Responsibilities.....	9.6
Direct Billing Diagnostic Provider Responsibilities .....	9.6
Breast & Cervical Reimbursement Rates by CPT Codes .....	9.7

## 10. Forms

Forms .....	10.1
-------------	------

Client/Patient Navigation

SMHW/WISEWOMAN Information Update

SMHW Eligibility Agreement (English & Spanish)

Green Patient History (English & Spanish)

Blue Screening Report

Purple Breast Diagnosis and Treatment

Yellow Cervical Diagnosis and Treatment

BCCT Temporary MO HealthNet Authorization

BCCT Medical Assistance Application (Mo HealthNet)

Certification of Need for Treatment – Breast/Cervical Cancer

Request for Literature

## 11. MOHSAIC

Overview of Client Forms for MOHSAIC Entry .....	11.1
Green Patient History Form	
Blue Screening Report	
Purple Breast Diagnosis and Treatment Form	
Yellow Cervical Diagnosis and Treatment Form	
MOHSAIC Access .....	11.3
Navigating MOHSAIC .....	11.8
Lesson 1: The CLIENT	
Lesson 2: Financial	



## 12. Patient Navigation

Patient Navigation .....	12.1
'Navigation-Only' Enrollment Status .....	12.2
Patient Navigation Services.....	12.3
MOHSAIC Navigation Form Sections.....	12.5
Terminating Patient Navigation .....	12.12
Case Management .....	12.12
Terminating Case Management .....	12.13
Lost to Follow-up Cases .....	12.13
Quality Assurance/Quality Improvement .....	12.14
SMHW Cancer Resources .....	12.15

## 13. Appendices

Providers .....	13.1
Client Referral	
RPC Contact Information	
SMHW Regional Program Coordinator County List.....	13.2
Request for Literature Form .....	13.3
Available Literature in English .....	13.4
Available Literature in Spanish .....	13.6
Most Commonly Asked Questions .....	13.8
Acronyms/Abbreviations.....	13.12
Glossary of Terms .....	13.16

Missouri Department of Health and Senior Services  
Division of Community and Public Health / Bureau of Cancer and Chronic Disease Control  
920 Wildwood Drive, PO Box 570, Jefferson City MO 65102-0570  
Telephone: 573-522-2845 or toll-free at: 866-726-9926 Fax: 573-522-3023  
Web address: [www.health.mo.gov/showmehealthywomen](http://www.health.mo.gov/showmehealthywomen)

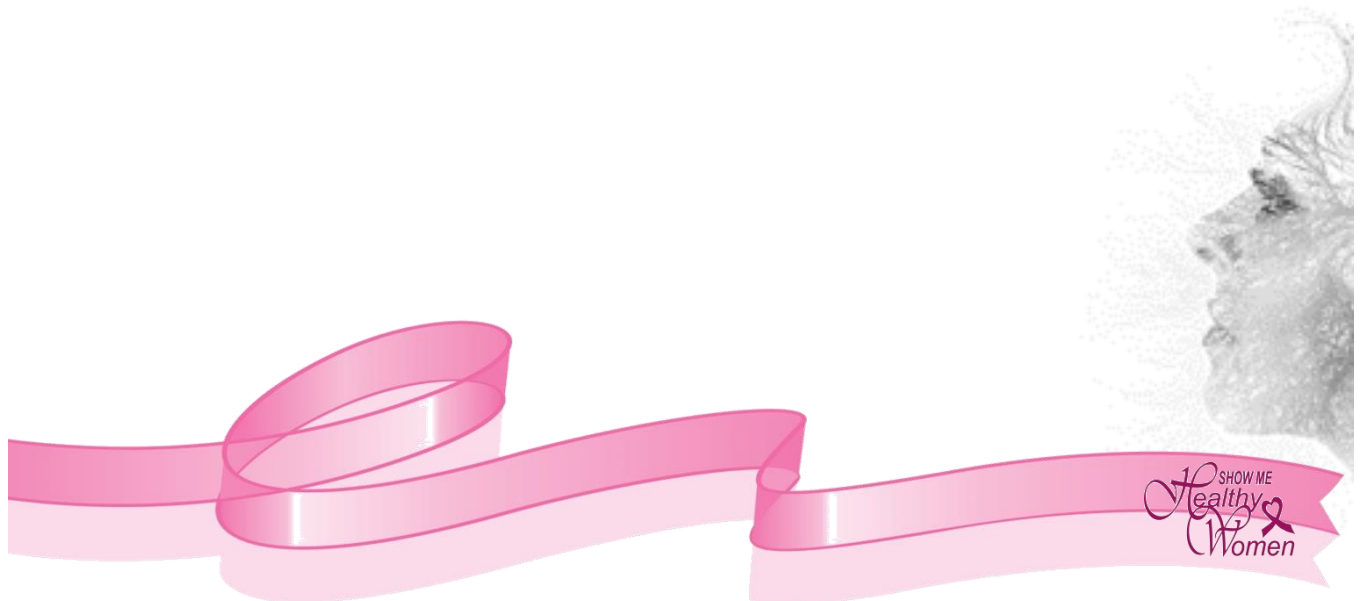
Funded in part by CDC Grant # NU58DP006299  
Show Me Healthy Women Grant Year 30

---

## Overview

---

Overview of SMHW/WISEWOMAN Programs .....	1.1
Show Me Healthy Women Vision and Mission .....	1.1
WISEWOMAN Vision and Mission .....	1.2
History .....	1.2
National Breast and Cervical Cancer Early Detection Program WISEWOMAN	
NBCCEDP and WISEWOMAN Similarities .....	1.3
At-A-Glance Comparison of NBCCEDP and WISEWOMAN.....	1.4
Contractual Agreements.....	1.5
What We Do	
Show Me Healthy Women Advisory Board.....	1.6
Advisory Board Responsibilities	



---

## Overview of Show Me Healthy Women and WISEWOMAN Programs

---

Welcome to the Missouri Show Me Healthy Women (SMHW) and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) programs offered through the Missouri Department of Health and Senior Services (DHSS). The purpose of the SMHW and WISEWOMAN Provider Manuals is to help participating health professionals understand program requirements and provide services to program-eligible women.

This manual is intended to offer an integrated approach in providing SMHW and WISEWOMAN services. It is designed to provide important information needed to enroll clients into the SMHW and WISEWOMAN programs, explain health professional roles and responsibilities, define reimbursable services, and provide necessary reimbursement and billing information. It also includes a framework for clinical guidelines to adhere to program standards. The SMHW and WISEWOMAN staff are available to assist providers on a regular basis using e-mail, telephone, and on-site visits as needed. Help is available from the SMHW and WISEWOMAN staff by calling toll-free at 866-726-9926 or 573-522-2845.

---

## Show Me Healthy Women Vision and Mission

---

### Vision Statement

Improve the quality of life in Missouri through the cure and elimination of breast and cervical cancers.



### Mission Statement

Support quality screening, diagnostic and treatment services, in accordance with current medical standards of care, for breast and cervical cancers for all women in Missouri. This is achieved by education, community outreach, and resource development in partnership with public and private entities, communities, and citizens.

---

## WISEWOMAN Vision and Mission

---

### Vision Statement

A world where any woman can access preventive health services and gain the wisdom to improve her health.



### Mission Statement

Provide low-income, underinsured or uninsured 40-64 year-old women with the knowledge, skills and opportunities to improve their diet, physical activity and other life habits to prevent, delay or control cardiovascular and other chronic diseases.

---

## History

---



### National Breast and Cervical Cancer Early Detection Program

<http://www.cdc.gov/cancer/nbccedp/>

The United States Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) to establish the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1990. The Centers for Disease Control and Prevention (CDC) authorizes the NBCCEDP to provide grants to states, American Indian/Alaska Native tribes, and U.S. Territories to carry out cancer early detection activities.

### WISEWOMAN

<http://www.cdc.gov/wisewoman>

Congress amended the NBCCEDP Public Law 101-354 in 1993 to create the WISEWOMAN Program. The WISEWOMAN Program addresses women's risk for heart disease and stroke by providing cardiovascular disease (CVD) health screenings and risk reduction lifestyle education for NBCCEDP clients.



---

## **NBCCEDP and WISEWOMAN Similarities**

---

NBCCEDP shares an established infrastructure with WISEWOMAN to provide integrated services including:

- Recruiting and working with women eligible for services
- Delivering screening services through an established health care delivery system
- Collecting and reporting minimum data elements (MDEs) used to track, monitor and evaluate program efforts
- Providing professional development opportunities for staff, providers and partners
- Providing public education to raise awareness about the need for women to receive program services
- Assuring that quality care is provided to women participating in the program

## At-A-Glance

### Comparison of NBCCEDP and WISEWOMAN

Topic	NBCCEDP/SMHW	WISEWOMAN
First state/tribal health agency was funded	1990	1995 Three demonstration projects were funded.
Number of nation-wide funded programs	50 states, District of Columbia, 5 territories, and 12 tribal organizations	20 states and 2 tribal organizations
Program administration	CDC's Division of Cancer Prevention and Control Program, Services Branch, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	CDC's Division for Heart Disease and Stroke Prevention, Program Development and Services Branch, NCCDPHP
Services provided	<p>Cancer screening: clinical breast exam (CBE), pap test and mammography</p> <p>Diagnostic tests to identify breast and cervical problems</p> <p>Referral to health care providers for medical management of conditions for women with abnormal or suspicious test results</p> <p>Referral to the Missouri Tobacco Quitline for women who smoke</p>	<p>Heart Disease and Stroke Risk Factor Screenings: Cholesterol and high-density lipoprotein (HDL), A1C or glucose, high blood pressure (HBP), waist/hip circumference, height/weight for body mass index (BMI), Risk Counseling</p> <p>Diagnostic office visit to identify/confirm a new diagnosis of HBP, diabetes, elevated cholesterol</p> <p>Referral to community-based resources, Lifestyle Education Programs, Missouri Tobacco Quitline, uncontrolled HBP medical follow-up</p>

---

## Contractual Agreements

---

The SMHW program utilizes contracts with service providers to deliver program services. Contracts are available for SMHW only services or for providers who choose to deliver both SMHW and WISEWOMAN services.



### What We Do

- Establish annual contracts for screening providers
- Provide an easily accessible program manual that describes screening, follow-up, education, and reporting guidelines based on national CDC guidelines
- Require providers to utilize the Clinical Laboratory Improvement Amendments of 1988 (CLIA) approved laboratories or assure laboratory equipment is CLIA waived
- Provide Regional Program Coordinators (RPCs) for each geographic region to assist providers with training, technical assistance, and tracking clients with abnormal values to ensure clients receive appropriate follow-up
- Provide training and technical assistance to provider staff
- Provide client recruitment targeting ethnically diverse program-eligible women
- Provide client educational materials and tools
- Provide required reporting forms and data system for submitting service reports
- Reimburse providers for allowable services according to the Medicare 01 region rates
- Monitor provider services to assure quality standards
- Maintain a central data system for tracking and reporting required data to CDC
- Assist the service providers with client case management/follow-up and annual evaluation screening efforts
- Provide promotional items, literature, and other public educational materials when available

---

## Show Me Healthy Women Advisory Board

---

The SMHW Advisory Board strengthens the program's activities in the state of Missouri through professional and policy development, public and clinical education, private partnerships, and coalition building.

### Advisory Board Responsibilities

- Advise SMHW management on SMHW issues
- Assist SMHW in enhancing the breast and cervical cancer control knowledge and skills of Missouri's health care professionals
- Assist SMHW in identifying appropriate breast and cervical cancer control legislation
- Establish task forces, as necessary, to assist SMHW in developing cancer control policies, such as cervical and breast cancer screening protocols and policies, diagnostic guidelines, and funding applications
- Assist SMHW in identifying partners who will extend and enhance the work of SMHW

The SMHW Advisory Board is composed of representatives of organizations that are, or potentially can be, involved in SMHW activities and of individuals with special expertise in breast and cervical cancers. The board has approximately 30 members. Elected board members serve a two-year term. The Board meets quarterly and meetings are open to the public.



---

## Provider Contract Requirements

---

### Provider Contract Requirements .....2.1

Complete SMHW/WISEWOMAN  
Information Update Form  
Recruit Clients  
Attend Training  
Register Clients for Services  
Comply with HIPAA Regulations  
Utilize Medical Staff  
Obtain Permission for RN to  
Provide Services  
Laboratories  
MQSA  
Report Results-Mammography  
On-Site Quality Assurance  
Reviews

Notify Clients  
Billing Clients  
Electronic Data and Reports  
Reporting Form  
Electronic Reimbursement  
Recording and Maintaining  
Documentation  
Assure Follow-up  
Communicating with Sub-  
contractors  
Subcontractor Requirements  
Refer Tobacco Users  
Submit Personnel Information  
Collaborate

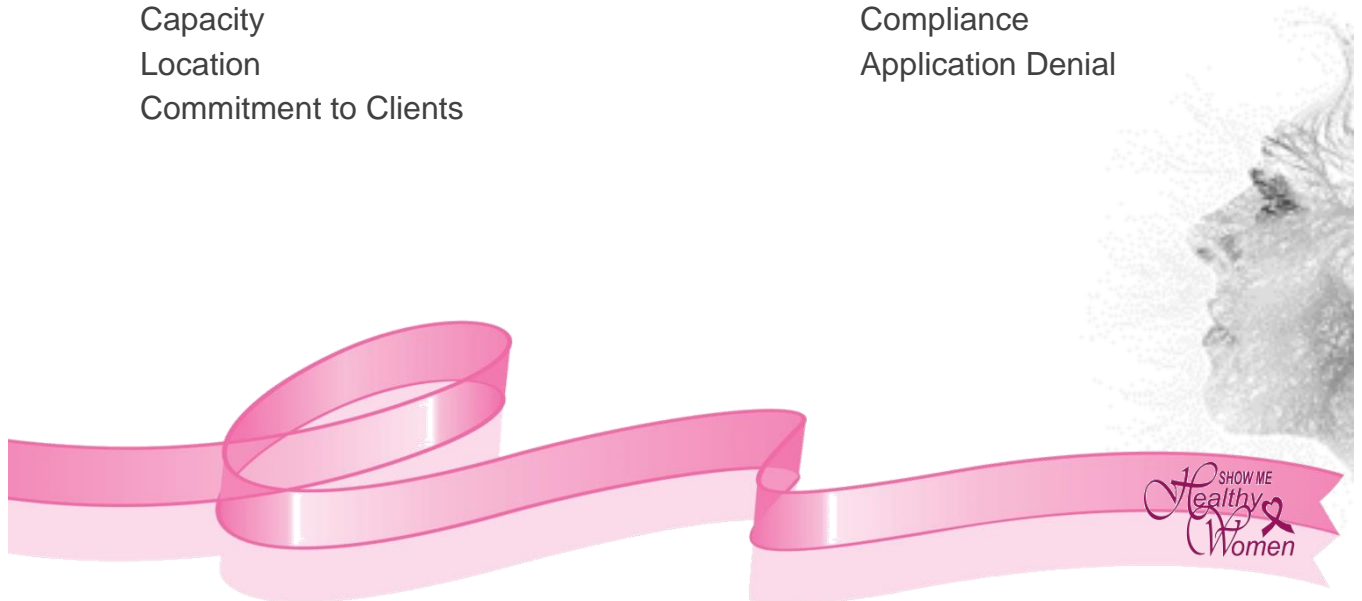
### Providers Who Terminate Participation .....2.6

Submit Letter  
Continue to Report  
Work with RPC

### Provider Application Approval Criteria .....2.7

Commitment  
Accreditation  
Capacity  
Location  
Commitment to Clients

Experience  
Network  
Compliance  
Application Denial



---

## Provider Contract Requirements

---

**All of the following provider contract requirements must be met.**

### **Complete SMHW/WISEWOMAN Information Update Form**

Complete and sign the SMHW-WISEWOMAN Information Update Form annually. The SMHW/WISEWOMAN Information Update Form is located at <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>

### **Recruit Clients**

Recruit clients by the following activities:

- Utilize public education resources provided by DHSS to recruit eligible women
- Collaborate with American Cancer Society (ACS), National Cancer Institute (NCI), American Heart Association (AHA), local cancer control coalitions, and other local partners
- Display recruitment and educational information in waiting areas and examination rooms
- Provide materials on screening services to all eligible women attending clinics in the facility
- Coordinate recruitment activities with the DHSS staff and the designated area RPC
- Schedule women for annual screenings at a minimum of 10-month intervals following initial or annual screening
- Recruit WISEWOMAN clients from SMHW clients

### **Attend Training**

- Attend SMHW/WISEWOMAN provider staff training
- New providers of SMHW/WISEWOMAN services must participate in an on-site training session by DHSS staff prior to providing services
- Ensure staff is well trained in program protocols prior to delivering services. Require at least one staff member to participate in an orientation training delivered by DHSS program staff upon initial contract application
- Facilitate attendance/participation of staff members responsible for submission of data forms and clinical services at annual trainings that provide policy and procedure updates and review
- Request DHSS training sessions when new staff are hired

## Register Clients for Services

- Obtain clients' signatures on the SMHW-WISEWOMAN Client Eligibility Agreement Form.
- Annually provide clients with the current DHSS patient privacy rights statement in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations prior to receiving services annually. The client must receive this information along with the HIPAA statement from the provider facility. The provider must retain documentation of this action.

## Comply with HIPAA Regulations

- Comply with current [HIPAA regulations](http://www.health.mo.gov/information/hipaa/) (<http://www.health.mo.gov/information/hipaa/>) in delivering services.

## Utilize Medical Staff

- Provision of services is dependent upon current license or certification with the State of Missouri.
- Utilize medical doctors, doctors of osteopathy, nurse practitioners, certified nurse midwives, clinical nurse specialists, certified physician assistants, and registered nurses (RNs) with specialized training within the registered nurse's scope of practice to provide services.

## Obtain Permission for RN to Provide Services

Obtain written approval from DHSS for the RN to provide breast and cervical screening services for SMHW clients. Submit the following information in a written request to SMHW:

- A letter documenting previous practice;
- A licensure or certification numbers; and
- Documentation of any of the following breast and/or cervical cancer screening training:
  - Length of the preceptorship;
  - Number of pap tests, CBEs, and pelvic examinations completed during the preceptorship. A minimum of 10 pap tests, CBEs, and pelvic examinations must be performed in order for the RN to be eligible to provide screening services; and
- The preceptor must verify that the nurse completed these examinations with minimal or no difficulty.

## Laboratories

Utilize only laboratories that adhere to all applicable standards established under the Clinical Laboratory Improvement Amendments (CLIA) of 1988 or are CLIA waived. Laboratories must report pap test findings using the Bethesda System 2001.

## MQSA

Comply with Mammography Quality Standards Act (MQSA). Prior authorization by SMHW and DHSS is required for MQSA-accredited mobile mammography vans based out-of-state.

## **Report Results-Mammography**

Report mammography test results in the American College of Radiology BIRADS system.

## **On-Site Quality Assurance Reviews**

Agree to on-site record reviews by qualified DHSS staff six months after initial services begin and every two years thereafter, or more frequently if requested by the DHSS.

## **Notify Clients**

Notify clients of non-program-covered services. Notify the client in writing of any services not covered by the programs prior to providing any non-program-covered services.

## **Billing Clients**

Ensure clients receive no bills (invoices) for services covered by the SHMW or WISEWOMAN programs.

## **Electronic Data and Reports**

Enter all data and reports electronically with accompanying Current Procedural Terminology (CPT) codes into the SMHW central data management computer-tracking program, Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC).

## **Reporting Form**

Submit a fully completed reporting form within 60 days of the last date of service. An exception should be noted for end-of-grant-year services. The end-of-year billing deadline notification is sent to providers annually.

## **Electronic Reimbursement**

Agree to receive SMHW/WISEWOMAN reimbursements through Electronic Fund Transfer (EFT). SMHW/WISEWOMAN reimbursement rates and CPT codes can be viewed in Section 9; Billing Guidelines.

## **Recording and Maintaining Documentation**

**Complete and maintain documentation on all client eligibility, screening, and case management services outlined in this manual.** Maintain client records for at least seven years. All SMHW enrolled clients with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly. Examples of screening results which would require a case management assessment would be BIRADS 3, 4, 5 for mammograms; and Atypical Squamous Cells of Undetermined Significance (ASCUS), Low-grade Squamous Intraepithelial Lesion (LSIL), and high grade lesions for pap tests. Case management services conclude when a client initiates treatment, refuses



treatment, or is no longer eligible for the SMHW program. When a woman concludes her cancer treatment, and is released by her treating physician to return to a schedule of routine screening, she may return to the program and receive services if she meets eligibility requirements.

## Assure Follow-up

Assure all clients identified on screenings that have suspicious, abnormal, or alert test results receive appropriate follow-up services, including case management, rescreen, diagnostic evaluation, treatment referral and/or education services according to program protocols. These services may be provided directly by the contracted provider or by an established referral sub-contractor that meets SMHW/WISEWOMAN program requirements. All test results shall be maintained in the clients medical records for monitoring purposes.

## Communicating with Sub-contractors

Ensure that communications with sub-contractors include notification and approval from the SMHW/WISEWOMAN provider prior to the subcontractor's provision of additional tests. This communication is necessary to be sure the subcontractor's services and reimbursements will meet SMHW/WISEWOMAN program guidelines. Providers are also responsible for ensuring that clients understand why they are being referred and what services will be provided. It is the recommendation of DHSS that a written agreement between each sub-contractor and each SMHW/WISEWOMAN provider is complete.

## Subcontractor Requirements

Ensure subcontractors meet the requirements specified in these guidelines (i.e., MQSA, CLIA, etc.). Subcontracted services may include:

<ul style="list-style-type: none"> <li>• Pap test processing and interpretation</li> <li>• Cervical conization               <ul style="list-style-type: none"> <li>○ Loop Electrosurgical Excision Procedure (LEEP)*</li> <li>○ Cold knife conization (covered as diagnostic, not treatment)*</li> </ul> </li> <li>• Endocervical curettage (alone)</li> <li>• Colposcopy with or without biopsy</li> <li>• Endometrial biopsy with Atypical Glandular Cells (AGC)</li> </ul> <p>* Refer to Cervical Section of Manual</p>	<ul style="list-style-type: none"> <li>• Mammography</li> <li>• Specialist consultation</li> <li>• Breast ultrasound</li> <li>• Fine needle aspiration (FNA)</li> <li>• Core needle biopsy</li> <li>• Stereotactic biopsy</li> <li>• Surgical incisional biopsy</li> <li>• Excisional breast biopsy</li> </ul>
	<ul style="list-style-type: none"> <li>• WISEWOMAN laboratory test</li> <li>• WISEWOMAN lifestyle education</li> <li>• WISEWOMAN diagnostic office visit</li> </ul>

## **Refer Tobacco Users**

Ensure that SMHW and WISEWOMAN clients who use tobacco products are referred to the Missouri Quitline 800-QUIT-NOW (800-784-8669) for free counseling. The Missouri Quitline is available free of charge to all Missouri SMHW and WISEWOMAN participants. Be sure to have the client complete a fax referral form and fax the form to the Quitline.

## **Submit Personnel Information**

Submit written changes of clinical, administrative and personnel contact changes to DHSS within 30 days.

## **Collaborate**

Collaborate with the Missouri Department of Social Services (DSS), Family Services Division (FSD) regarding clients diagnosed with breast/cervical cancer. These clients may be eligible for treatment through the Breast and Cervical Cancer Treatment (BCCT) Act.



---

## **Providers Who Terminate Participation**

---

### **Submit Letter**

Submit a letter to DHSS 30 days before the date of anticipated termination of services. The letter must include the date of termination of SMHW/WISEWOMAN services.

### **Continue to Report**

Continue to report all diagnostic and/or treatment information after termination on the appropriate SMHW/WISEWOMAN forms to complete all outstanding follow-up cases. To accomplish this, a provider should work closely with the Regional Program Coordinator (RPC) in their area.

### **Work with RPC**

Work with the RPC to inform clients where they may obtain SMHW/WISEWOMAN services in their area once the provider terminates participation.

---

## **Provider Application Approval Criteria**

---

**The DHSS approves or disapproves providers based on the following criteria:**

### **Commitment**

Commitment and ability to meet the contract requirements;

### **Accreditation**

Accreditation or certification status of the site and clinical staff;

### **Capacity**

Capacity to submit timely and accurate data and billing reports to DHSS via the MOHSAIC electronic reporting system;

### **Location**

Located in area of need in relation to other SMHW/WISEWOMAN providers and to the population to be served;

### **Commitment to Clients**

Commitment and ability to serve clients with special emphasis on priority-eligible populations, particularly women 35-64 years of age or older and women who have rarely or never been screened;

### **Experience**

Successful experience in providing comprehensive breast and cervical cancer screening, education and referral services, either through existing on-site facilities or referral linkages. Access to CLIA-approved laboratory and/or MQSA accredited mammography facility;

### **Network**

Ability to network with the ACS and NCI, and other educational state and regional resources;

### **Compliance**

Compliance with current HIPAA regulations; and

## **Application Denial**

If an application is denied, a contact list identifying other SMHW/WISEWOMAN providers in the same geographic area will be provided. Applicants may use this information to facilitate referrals for women in need of SMHW/WISEWOMAN services.

The Provider Application can be found at:

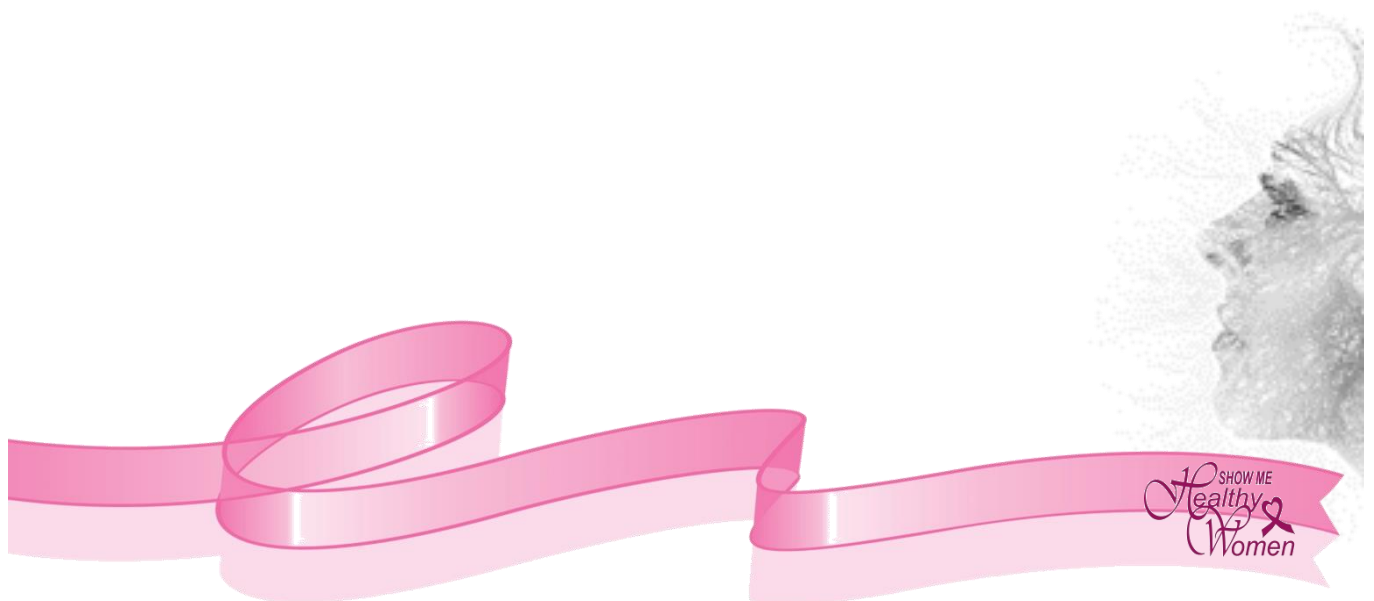
<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.

---

## Client Eligibility

---

Client Eligibility Guidelines .....	3.1
Age Eligibility Includes 35 to 64 Year-Old Women	
Transgender Clients	
Income Guidelines	
Insurance Status of Uninsured or Underinsured	
Current Breast or Cervical Cancer	
MO HealthNet (Medicaid)	
Medicare	
Insurance	
Documentation and Certification of Client Eligibility .....	3.4
Free Transportation for Clients.....	3.5
Travel Voucher Instructions.....	3.6
Does the client need transportation?	
Secure client address and telephone number.	
Does the client need any special assistance?	
Travel Vouchers	
Cancellation	
SMHW/WISEWOMAN Transportation Providers Fiscal Year 2022 (List).....	3.8
SMHW/WISEWOMAN Transportation Providers Fiscal Year 2022 (Map) .....	3.9



---

## Client Eligibility Guidelines

---

SMHW eligibility has three primary criteria; income level, health insurance status, and age guidelines. Income guidelines are based on 200 percent of the federal poverty guidelines. The SMHW program reimburses only for services when there is no other funding source available. Women 35 to 64 years of age are eligible for services; some service restrictions apply by age categories.

SMHW/WISEWOMAN Programs are the payers of last resort. Providers may call program RPC for guidance.

### Age Eligibility Includes 35 to 64 Year-Old Women

Some exceptions pertain to guidelines for services available to clients older than 64 based on insurance. Please see page 3.3 for further information.

### Transgender Clients

- Screening and diagnostic services are available for male-to-female transgender clients who have/are taking hormones as long as they meet program eligibility guidelines.
- Screening services are available for female - male transgender individuals who have not yet undergone complete hysterectomy or bilateral mastectomy because these individuals are genetically female.
- The CDC does not make a recommendation on routine screening with this population; transgender women are eligible under federal law to receive appropriate cancer screening.
- To determine medical necessity of screening, CDC recommends providers discuss the risks and benefits of screening with all eligible clients.

## Income Guidelines

Household Size	SMHW Annual	SMHW Monthly	SMHW weekly	SMHW Hourly
1	\$25,760.00	\$2,147.00	\$495.00	\$12.38
2	\$34,840.00	\$2,903.00	\$670.00	\$16.75
3	\$43,920.00	\$3,660.00	\$845.00	\$21.12
4	\$53,000.00	\$4,417.00	\$1019.00	\$25.48
5	\$62,080.00	\$5,173.00	\$1,194.00	\$29.85
6	\$71,160.00	\$5,930.00	\$1,368.00	\$34.21
7	\$80,240.00	\$6,687.00	\$1,543.00	\$38.58
8	\$89,320.00	\$7,443.00	\$1,718.00	\$42.94
Each additional person, add:	\$4,540.00	\$757.00	\$174.00	\$4.36

- Clients must have an income at or below 200 percent of the federal poverty income guidelines. Adjusted gross income on tax return or net amount on pay stub determines income eligibility.

## Insurance Status of Uninsured or Underinsured

Health Insurance Status++
<ul style="list-style-type: none"> <li>• No health insurance</li> <li>• Health insurance does not cover services</li> <li>• Client states she is unable to pay deductible</li> <li>• Have MO HealthNet with Spend-down, but have not met Spend-down</li> <li>• Income eligible for Medicare Part B, but unable to pay premium</li> <li>• Clients eligible to receive Medicare benefits but not enrolled in Medicare should be encouraged to enroll</li> </ul>
<p>++ Women with full MO HealthNet (ME Code 05) Medicare Part B, POS or HMO health coverage are not eligible for services. Assess Mo HealthNet (ME Code 13) Permanently and Totally Disabled for level of coverage.</p>

- Providers may use the Client Eligibility Agreement form to document insurance status of the client. Copies of these forms are located on pages 10.6-.7 or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.



## Current Breast or Cervical Cancer

- Women who are currently diagnosed with a breast and/or cervical cancer are not eligible for SMHW services. Women being currently treated for breast or cervical cancer are also not eligible for SMHW services. However, once cancer treatment is completed the client may return to SMHW for routine screenings as long as eligibility guidelines are met.

## MO HealthNet (Medicaid)

- Women with MO HealthNet Managed Care coverage may be eligible for SMHW services if they are enrolled in the Extended Women's Health Services/EWHS, Uninsured Women's Health Services/UWHS, or have an unaffordable MO HealthNet spend-down. These women are eligible for screening/diagnostic services through SMHW. Extended Women's Health Services/EWH'S and Uninsured Women's Health Services does not cover diagnostic services. The woman must meet all SMHW eligibility guidelines.
- SMHW Clients who reach age 65 and older or women previously not enrolled age 65 and older do not qualify for BCCT.

## Medicare

- Women enrolled in Medicare Part B are not eligible for SMHW services. Medicare Part B covers breast and cervical cancer screenings. Refer women with Medicare Part B coverage to providers who accept Medicare reimbursement.
- Women who meet SMHW/WISEWOMAN eligibility requirements and state they cannot pay the premium to enroll in Medicare Part B, or are not eligible to enroll in Medicare Part B, are eligible for SMHW/WISEWOMAN screening services. If women are eligible to receive Medicare Part B benefits and are not enrolled, encourage them to enroll.

## Insurance

- The client's insurance must be billed first; when billing DHSS, include the insurance payment amount on reporting forms in the "Comments" section. SMHW will only reimburse up to the total amount allowed for the procedure per program guidelines. **The total amount allowed and reimbursed by SMHW for each CPT code includes any payments received from insurance companies, not in addition to insurance payments.**
- SMHW and WISEWOMAN are the payers of last resort.
- Women enrolled in prepaid/managed care and health plans (such as Health Maintenance Organizations [HMOs], Point of Service Plans [POS] and MO HealthNet Managed Care [formerly MC+]) are not eligible for SMHW/WISEWOMAN services.

For further guidance regarding clients with insurance, please see page 9.3.

## Documentation and Certification of Client Eligibility

The client must sign a SMHW Client Eligibility Agreement form that is retained in the client's record each year. (Download a copy of this form at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php> or pages 10.6 [English] and 10.7 [Spanish]).

Providers must obtain documentation of income, age eligibility and address, if available, on an annual basis and place a copy of the documentation in the client's record. (Electronic or paper medical records are acceptable.)


The following may be used for proof of age and income.	
Age	Income
<ul style="list-style-type: none"><li>• Driver License</li><li>• Medicare Card</li><li>• Birth Certificate</li><li>• U.S. Passport</li></ul>	<ul style="list-style-type: none"><li>• Income tax forms (annual adjusted gross income)</li><li>• Food Stamps</li><li>• WIC Voucher</li><li>• Social Security Award Letter</li><li>• Unemployment Insurance</li><li>• Pay Stub (net amount)</li></ul>

Once eligibility is determined, screening providers must verify eligibility on all reporting forms. To comply with the quality assurance policy, 50 percent of client records must contain proof of eligibility.

Provider must retain information in clients' charts regarding the green history form, (pages 10.8 [English] and 10.9 [Spanish] or at: <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>), and review this information with each additional annual screening. Client records must be retained and available for seven years.

## Free Transportation for Clients

Free transportation is available for SMHW/WISEWOMAN clients. Providers can request a travel voucher booklet by contacting Show Me Healthy Women/WISEWOMAN staff or the Regional Program Coordinator (RPC) assigned to their area. All program services qualify for transportation services, including initial office visits, lab visits, follow-up diagnostic office visits, lifestyle education sessions, and annual evaluation screenings in the contracted counties.

Transportation Voucher	
 <b>FREE Breast and Cervical Cancer Screening Program</b>  <i>Removing barriers to life saving cancer screenings for women.</i>	<b>County:</b> _____
	<b>Trip Date:</b> _____
	<b>Appointment Time:</b> _____
	<b>Client Signature:</b> _____
	<b>Clinic Signature:</b> _____

**Note:**

Call the SMHW/WISEWOMAN office toll-free at 866-726-9926 or 573-522-2845, to receive a book of 48 vouchers.

---

## Travel Voucher Instructions

---

Funds are available through SMHW and WISEWOMAN to cover the cost of transportation to help remove the barrier of access to care in receiving screening, diagnostic, and education services.

Transportation services are available in most counties and St. Louis City. Please call the RPC for assistance. See pages 3.8 and 3.9 for a complete list of transportation providers and their contact information. Services are available Monday through Friday, with charges based on urban or county trips and one-on-one or regular-route travel. When a client calls to make an appointment for a SMHW or WISEWOMAN screening or diagnostic, or education services, please ask her the following questions **before** making an appointment date and time for her:

### **Does the client need transportation?**

If yes, explain that free transportation is available for SMHW participants. A transportation provider will pick her up at her home, take her to the appointment, and return her to her home. Check with the transportation provider in your area for the transportation schedule. Ensure the client's appointment date and time coincides with the transportation provider's schedule.

### **Secure client address and telephone number.**

If the client does not have a telephone, ask for a neighbor's telephone number or for another number where she can be reached. The transportation driver may not be familiar with the client's address and may need directions to the residence.

### **Does client need any special assistance?**

If the client needs an assistant or helper, SMHW will pay for transportation for one extra person. The assistant or helper should be 17 years of age or older. If a disabled client needs more than one assistant, call SMHW for approval. If the client has special medical equipment such as a wheelchair or oxygen, please inform the transportation provider at the time of scheduling.

### **Travel Vouchers**

Complete the travel voucher, and include the facility name and site code number. The provider can mail or fax the completed travel voucher to the transportation provider including the date and time of the appointment. A copy of the voucher may be given to the client. The transportation provider will secure the client's signature on pickup.

## Cancellation

Notification of cancellation to the transportation provider is required to avoid a penalty charge to SMHW/WISEWOMAN for the cost of the round trip. Provide a **one** business-day notice to cancel a trip. Contact the transportation provider for questions related to transportation services. See page 3.8 and 3.9 for a complete list of transportation providers, service areas, and contact information. Address SMHW questions to the central office by calling toll-free at 866-726-9926 or 573-522-2845.

## SMHW/WISEWOMAN Transportation Providers Fiscal Year 2022

**Contractor/County(ies)** **Telephone Number**

**SYNERGY** ..... **314-666-5752**

St. Charles County      St. Louis City      St. Louis County

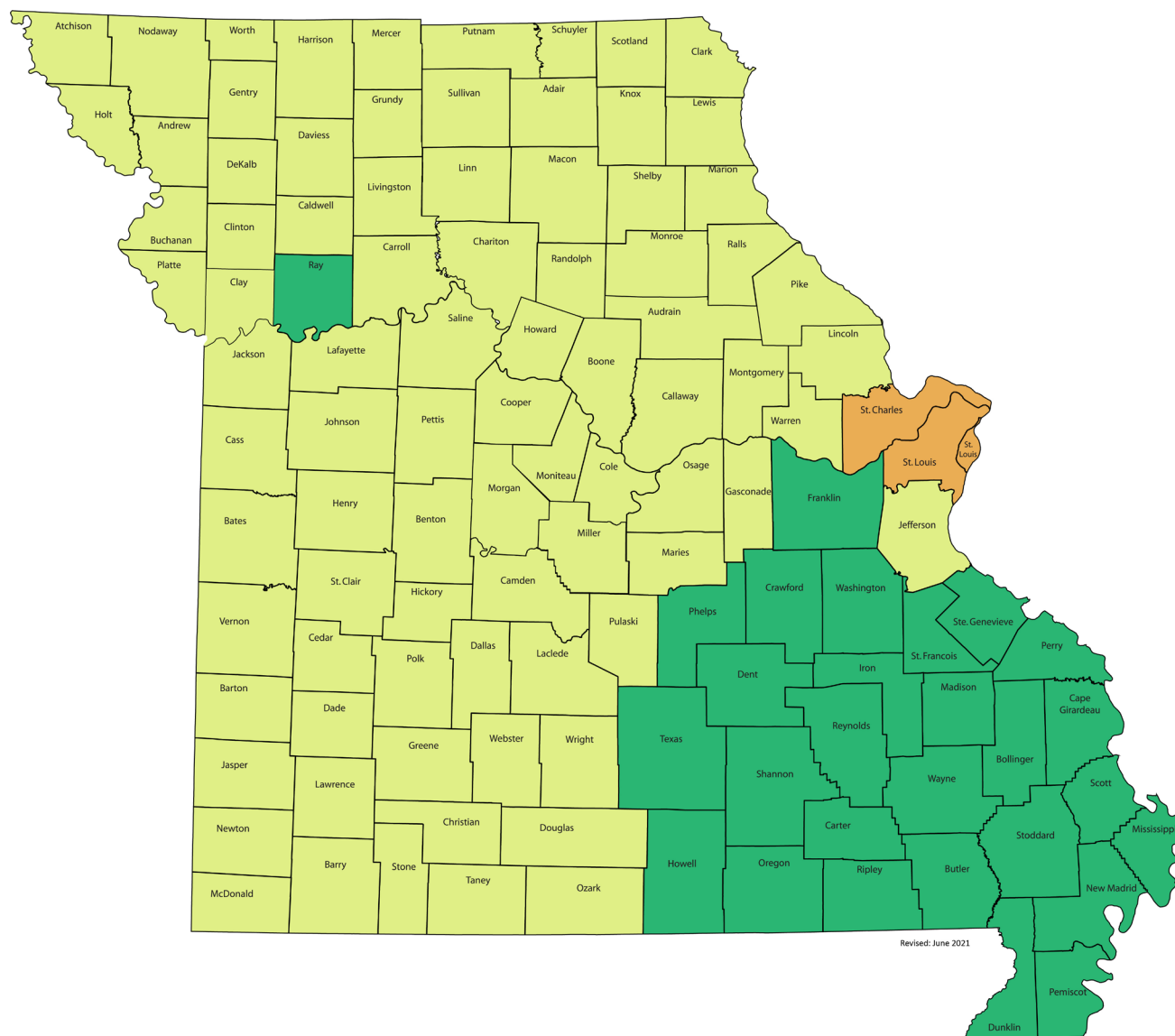
**Oats, Inc.** ..... **573-443-4516**

Adair	Cooper	Lafayette	Platte
Andrew	Dade	Lawrence	Polk
Atchison	Dallas	Lewis	Pulaski
Audrain	Davies	Lincoln	Putnam
Barry	DeKalb	Linn	Ralls
Barton	Douglas	Livingston	Randolph
Bates	Franklin	McDonald	St. Clair
Benton	Gasconade	Macon	Saline
Boone	Gentry	Maries	Schuyler
Buchanan	Greene	Marion	Scotland
Caldwell	Grundy	Mercer	Shelby
Callaway	Harrison	Miller	Stone
Camden	Henry	Moniteau	Sullivan
Carroll	Hickory	Monroe	Taney
Cass	Holt	Montgomery	Vernon
Cedar	Howard	Morgan	Warren
Chariton	Jackson	Newton	Webster
Christian	Jasper	Nodaway	Worth
Clark	Jefferson	Osage	Wright
Clay	Johnson	Ozark	
Clinton	Knox	Pettis	
Cole	Laclede	Pike	

**No Contract** ..... **Call local RPC for assistance**

Bollinger	Franklin	Pemiscot	St. Francois
Butler	Howell	Perry	Ste. Genevieve
Cape Girardeau	Iron	Phelps	Shannon
Carter	Madison	Ray	Stoddard
Crawford	Mississippi	Reynolds	Texas
Dent	New Madrid	Ripley	Washington
Dunklin	Oregon	Scott	Wayne

## SMHW/WISEWOMAN Transportation Providers Fiscal Year 2021



Map revisions issued as transportation vendors are added or deleted. Contracts with additional transportation vendors are pending.

	SYNERGY	314-666-5752
	Oats, Inc.	573-443-4516
	No contract	Call local RPC for assistance.

Please check the Transportation Services Catalog for other transportation options that may help your clients receive appropriate services: [Transportation Services Catalog \(http://www.health.mo.gov/atoz/pdf/transportationservices.pdf\)](http://www.health.mo.gov/atoz/pdf/transportationservices.pdf).

---

## SMHW Screening Recommendations

---

SMHW Screening Recommendations .....	4.1
Provider Responsibilities	
Initial Screening	
Annual Screening	
Rescreening	
Green History Form.....	4.3
Clinical Requirements for SMHW Services .....	4.4
Comprehensive Breast and Cervical Screening	
Annual Screening Protocol	
Breast Cancer Screening	
Magnetic Resonance Imaging (MRI)	
High Risk for Breast Cancer	
Cervical Cancer Screening	
High Risk for Cervical Cancer	
Blue Screening Form.....	4.9
SMHW Clinical Service Summary .....	4.10





---

## SMHW Screening Recommendations

---

Routine screening and early detection are vital to reducing morbidity and mortality from breast and cervical cancer. Regular screening and early detection decreases mortality and improves quality of life for all individuals. Regular clinical breast exams, mammography, pelvic exams, and pap tests are the best screening methods available for breast and cervical cancers and pre-cancerous conditions.

### Provider Responsibilities

- Schedule annual breast and cervical cancer screenings appropriately for clients.
- Notify clients in advance of recommended screening dates. If the client does not schedule an appointment after the first notification, a second attempt shall be made.

### Initial Screening

The initial screening is:

- The **first** screening performed on a woman by a SMHW provider.
- OR**
- If a client has not been seen for five years for a SMHW screening by the same provider.

**NOTE:**

Initial clients need to complete a SMHW green history form (pages 10.8 [English] and page 10.9 [Spanish]) or download a copy at:  
<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>

### Annual Screening

The annual screening is:

- The process of returning for an annual screening test at a predetermined interval. SMHW defines an annual screening to be 10 months or greater from the initial screening or previous annual screening.

**NOTE:**

Annual clients need to review and update the green history form at each annual visit either by completing a new form or by reviewing and initialing updates and initialing the new form with the date of the current visit.

## Rescreening

Rescreening is:

- An additional screening visit resulting from an abnormal initial or abnormal annual screening that is less than 10 months from an initial or annual screen.

**NOTE:**

If there is a delay in the rescreening visit for 10 months or more from the date of the annual/initial visit, reimbursement occurs only after the rescreen meets breast/cervical criteria for an annual screening.

---

## Green History Form

---

**All forms are annually associated with their specific grant year.** When submitting an electronic or a paper form, use the version of the form that is the grant year which **corresponds with the date of service.** At the beginning of each grant year there are multiple versions of this form in Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC). Click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (3/14).

**NOTE:**

All clients who participate in SMHW **must** complete a Patient History Form also referred to as green history form at the initial screening. The green history form is available in English and Spanish. Assistance may be given to the client for completion of the form. To order blank forms from SMHW call toll-free at 866-726-9926 or 573-522-2845.

- Information from the green history form is used to verify a client's eligibility for screening, as well as statistics to evaluate the program. Some information from the green history form is also reported to the Centers for Disease Control and Prevention (CDC). Keep all information confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. File all reported information in the client's record.
- Access MOHSAIC electronic forms at <https://healthapps.dhss.mo.gov/smhw/>.
- A copy of the green history form is located on page 10.8 [English] and page 10.9 [Spanish] or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.
- If you have additional questions, please call SMHW toll-free at 866-726-9926 or 573-522-2845 for general assistance with central office staff.

If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at [support@health.mo.gov](mailto:support@health.mo.gov).

---

## Clinical Requirements for SMHW Services

---

The screening services outlined in the following pages are clinical requirements and shall be completed by the provider of SMHW services in order to be considered for reimbursement. Age restrictions and income guidelines always apply. Providers must have the capability to provide or offer access to the following services:

### Comprehensive Breast and Cervical Screening

- Clinical Breast Exam (CBE) provided annually for all women
- Assessment for High Risk for breast and cervical cancer
- Client education on the importance of obtaining screenings for breast and cervical cancer according to the appropriate screening schedules
- Routine screening mammogram offered annually or every other year per clinician and client determination, beginning at age 50 and over. (Table 1, page 4.6):
- Special circumstances include:

Offer a mammogram annually if a woman has a personal history of breast cancer

Any client, age 35 or older, who currently has abnormal breast exam results, can receive diagnostic mammograms and other necessary breast diagnostic services covered by the SMHW program

- Complete visual and manual pelvic examination
- Pap test, conventional or liquid-based, at appropriate intervals (Table 2, page 4.7)
- Documentation of providing screening examination results to clients per verbal report or in writing
- Appropriate and timely case management for all clients with suspicious or abnormal results, including rescreening, diagnostic procedures and/or treatment

### Annual Screening Protocol

Age restrictions and income guidelines always apply to a client's eligibility for the services described below.

### Breast Cancer Screening

- A Clinical Breast Exam (CBE) is required by SMHW for a complete screening. Coordination of a full screening with health care providers is expected.
- CBE is required for reimbursement of a mammogram. Perform a CBE annually on all women, especially if they have had previous breast cancer surgery.
- Provide an annual mammogram to clients with a personal history of breast cancer ages 35 to 64. A diagnostic or screening mammogram is at the clinician's discretion.
- SMHW will reimburse for an annual breast cancer screening after ten (10) months has lapsed from the previous annual breast cancer screening. This includes annual CBE for all SMHW women ages 35 to 64 and yearly or every other year screening mammogram for women ages 50 and older.

- Family history of breast cancer does not qualify a woman for routine mammograms.
- A client with self-reporting abnormal breast self-exam (BSE) may be followed with a diagnostic breast work-up, with the exception of self-reporting pain and tenderness or family history. If pain and tenderness are self-reported, she may be followed with a rescanning CBE in two (2) weeks up to 10 months. If the client continues to report pain and tenderness, case management is at the clinician's discretion.

(Diagnostic workup may include services such as diagnostic mammogram, ultrasound, specialist consult and breast biopsy.)

- Mammogram funding for the purpose of screening women 40 to 49 years of age without abnormal breast findings through SMHW may be available. Funding is dependent on availability of donated funds.

**NOTE:**

To reserve and schedule donated funding for the woman's screening mammogram, obtain prior approval by calling toll-free 866-726-9926 or 573-522-2845.

- Women 35 years of age and older qualify for diagnostic breast services if breast exam findings are abnormal.

## Magnetic Resonance Imaging (MRI)

- **ALL SCREENING MRIs MUST HAVE PRIOR AUTHORIZATION** from the SMHW program manager. Contact your RPC with client information for approval from the manager.
- SMHW will pay for a screening breast MRI to alternate with a screening mammogram and documentation of **one of** the following:
  - BRCA mutation
  - A first-degree relative whom is a BRCA carrier
  - A lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO, Tyrer-Cuzick or the Gail Model (as they are highly dependent on family history)
- The CDC suggests providers discuss risk factors with all clients to determine if they are at high risk for breast cancer
- MRI should **NEVER** be done alone as a breast cancer screening tool
- Breast MRI cannot be reimbursed to assess the extent of disease in clients who have already been diagnosed with breast cancer
- To be most effective, it is critical to complete MRIs at facilities equipped with breast MRI equipment and perform MRI-guided breast biopsies



**Table 1**

Annual Breast Screening Recommendations for Women	
Age	Recommendation
Age 35 to 39	Complete breast exam by health care provider annually
Age 40 to 49	Complete breast exam by health care provider annually Screening mammogram every 1 to 2 years <b>IF</b> funding is available*
Age 50 and over	Complete breast exam by health care provider annually Mammogram every 1 to 2 years
The Missouri SMHW program follows guidelines of the CDC and NCI. Clinically evaluate and schedule appropriate diagnostic procedures within 60 days, for symptomatic women.	
<b>Screening Mammograms for Women age 40 to 49 (dependent upon funding)</b> <ul style="list-style-type: none"> <li>For preauthorization, please call the DHSS toll-free at 866-726-9926 or 573-522-2845.</li> <li>Screening mammogram funding for this age group is only available if donations or other funding sources become obtainable during the current contract year.</li> </ul>	

## High Risk for Breast Cancer

- BRCA mutation.
- A first-degree relative whom is a BRCA carrier.
- A lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO, Tyrer-Cuzick or the Gail Model as they are highly dependent on family history.

## Cervical Cancer Screening

- Pap test results of “inadequate specimen” are not reimbursable by SMHW.
- Pap test results initially indicating no endocervical cells should refer to ASCCP guidelines.
- For women who have a cervix, pap tests will be covered every three (3) years if no human papillomavirus (HPV) done, or screening with a combination of a pap test and HPV testing every five (5) years. See blue screening form (pages 10.10-.11).
- Hysterectomy:
  - SMHW will **NOT** fund pap testing for women who had a hysterectomy for benign (non-cervical neoplasia) conditions. A woman who has no cervix due to a reason other than cancer may have a **pelvic** exam to establish that there is no cervix.
  - Follow a woman annually for 10 years (conventional or liquid-based pap tests can be annually reimbursed) if reason for hysterectomy is unknown or if it was for cervical intraepithelial neoplasia (CIN) CIN 2, CIN 3, adenocarcinoma in situ (AIS) or cervical cancer in situ, which was biopsy-documented.

- Women who had a hysterectomy for invasive cervical cancer should undergo an **annual pap test** (conventional or liquid-based) **indefinitely** as long as they are in good health.
- Annual pap test may be done only for persons who meet specific high-risk guidelines for cervical cancer per CDC and/or SMHW Advisory Board approval.

**Table 2**

<b>Annual Cervical Cancer Screening Recommendations for Women*</b>	
<b>Age</b>	<b>Recommendation</b>
Age 35 to 64	<ul style="list-style-type: none"> <li>• Pelvic exam may be offered annually or with Pap testing schedule</li> <li>• Conventional or Liquid-based Pap test every 3 years</li> </ul> <p style="text-align: center;"><b>Or</b></p> <ul style="list-style-type: none"> <li>- Combination pap test and human papillomavirus (HPV) test every 5 years</li> </ul>
<b>Age 35 and over AFTER HYSTERECTOMY</b>	<ul style="list-style-type: none"> <li>• Pap is <b>NOT</b> covered for those whom have undergone a hysterectomy <b>unless</b>: (Page 4.8). Refer to Table 3a and 3b for details. They have a remaining <b>cervix</b></li> </ul> <p style="text-align: center;"><b>Or</b></p> <ul style="list-style-type: none"> <li>• They had surgery for CIN 2, CIN 3; CIS/AIS (eligible for annual pap for 10 years from date of hysterectomy).</li> <li>• They have invasive cervical cancer (eligible for annual pap)</li> </ul>
Pap findings are reported using the 2001 Bethesda System Guidelines.	
The Missouri SMHW program follows guidelines of the CDC and American Society for Colposcopy and Cervical Pathology (ASCCP) for screening and diagnostic recommendations.	
<b>NOTE:</b> * Intervals above are guidelines for asymptomatic women only. Evaluate and schedule appropriate diagnostic procedures quickly, <b>preferably within 60 days</b> , and within a maximum of 90 days for symptomatic women.	

**Table 3a**

<b>Cervical Cancer Risk Factors to Consider</b>
<b>Women who warrant annual Pap test (conventional or liquid-based) must have a personal history of one of the following HIGH RISK factors:</b>
<ul style="list-style-type: none"> <li>Hysterectomy for invasive cervical cancer. Screenings may continue indefinitely, as long as they are in good health.</li> </ul>
<ul style="list-style-type: none"> <li>CIN 2, CIN 3 or CIS/AIS lesions documented by tissue biopsy after hysterectomy (not based on Pap results). Follow routine pap intervals after the client has 10 years of annual pap test with negative results.</li> </ul>
<ul style="list-style-type: none"> <li>Hysterectomy with reason unknown and not obtainable. Follow routine Pap intervals after the client has 10 years of annual pap test with negative results.</li> </ul>
<b>If Pap test is performed for one the following reasons, please note this in the comments section on the blue screening form.</b>
<ul style="list-style-type: none"> <li>Human immunodeficiency virus positive (HIV+)/Immunocompromised from another health condition</li> </ul>
<ul style="list-style-type: none"> <li>Kidney or other organ transplant</li> </ul>
<ul style="list-style-type: none"> <li>Medication for severe arthritis or other collagen vascular disease</li> </ul>
<ul style="list-style-type: none"> <li>Diethylstilbestrol exposure in utero</li> </ul>

**Table 3b**

<b>Risk factors which are NOT adequate to warrant annual pap screening:</b>
<ul style="list-style-type: none"> <li>Smoking</li> </ul>
<ul style="list-style-type: none"> <li>Low income</li> </ul>
<ul style="list-style-type: none"> <li>Numerous sexual partners (known or suspected)</li> </ul>
<ul style="list-style-type: none"> <li>HSIL unless histologically diagnosed with a biopsy</li> </ul>



---

## Blue Screening Form

---

**All forms are annually associated with their specific grant year.** When submitting an electronic or a paper form, use the version of the form that is the grant year which corresponds with the **date of service**. At the beginning of each grant year there are multiple versions of this form in MOHSAIC (page 10.10-.11). Be sure to click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (3/14).

**NOTE:**

The Screening Report Form, also referred to as blue screening form, **must be completed** for all clients participating in the SMHW program. Please order blank forms from SMHW by calling 573-522-2845 or toll-free at 866-726-9926.

- Information from the blue screening form is used to verify clients' eligibility for screening, as well as diagnostic services that are recommended. Some information from the blue form is reported to the CDC. Keep all information confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. File all reported information in the client's record.
- Access MOHSAIC electronic forms at <https://healthapps.dhss.mo.gov/smhw/>.
- A copy of the blue screening form is located on pages 10.10-.11 or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>
- If you have additional questions, please call SMHW toll-free 866-726-9926 or 573-522-2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at [support@health.mo.gov](mailto:support@health.mo.gov).

## SMHW Clinical Service Summary

Provider Service	SMHW Client
<b>Initial and Annual Screening:</b>  SMHW 20-minute office visit	<p><b>SMHW Client:</b></p> <ol style="list-style-type: none"> <li>1. Provide verification of household income, date of birth</li> <li>2. Sign eligibility agreement form to participate in SMHW/WISEWOMAN services</li> <li>3. Complete green history form (pages 10.8-.9)</li> </ol> <p><b>SMHW Provider:</b></p> <ol style="list-style-type: none"> <li>1. Verify client eligibility and retains a copy of the documentation in the chart</li> <li>2. Give a copy of HIPAA form to client</li> <li>3. Review client history form with client; update or clarify information on subsequent annual visits</li> <li>4. Perform CBE on women age 35 to 64 or older</li> <li>5. Refer clients 50 years and older whose CBE is normal or benign for screening mammogram at one to two year intervals</li> <li>6. Perform pelvic exam on all women ages 35 to 49. Offer pelvic exam to women ages 50 to 64 or older</li> <li>7. Perform pap tests per SMHW/CDC protocols and intervals depending on age, previous screening cycle, presence of cervix, reason for hysterectomy, and previous pap result (page 4.7, Table 2 and 4.8 Table 3 guidelines)</li> <li>8. Schedule follow-up as needed. Refer clients with abnormal breast and cervical results for diagnostic exams as needed</li> <li>9. Submit green history form and blue screening form</li> </ol>

*(Continued on next page)*

*(Continued from previous page)*

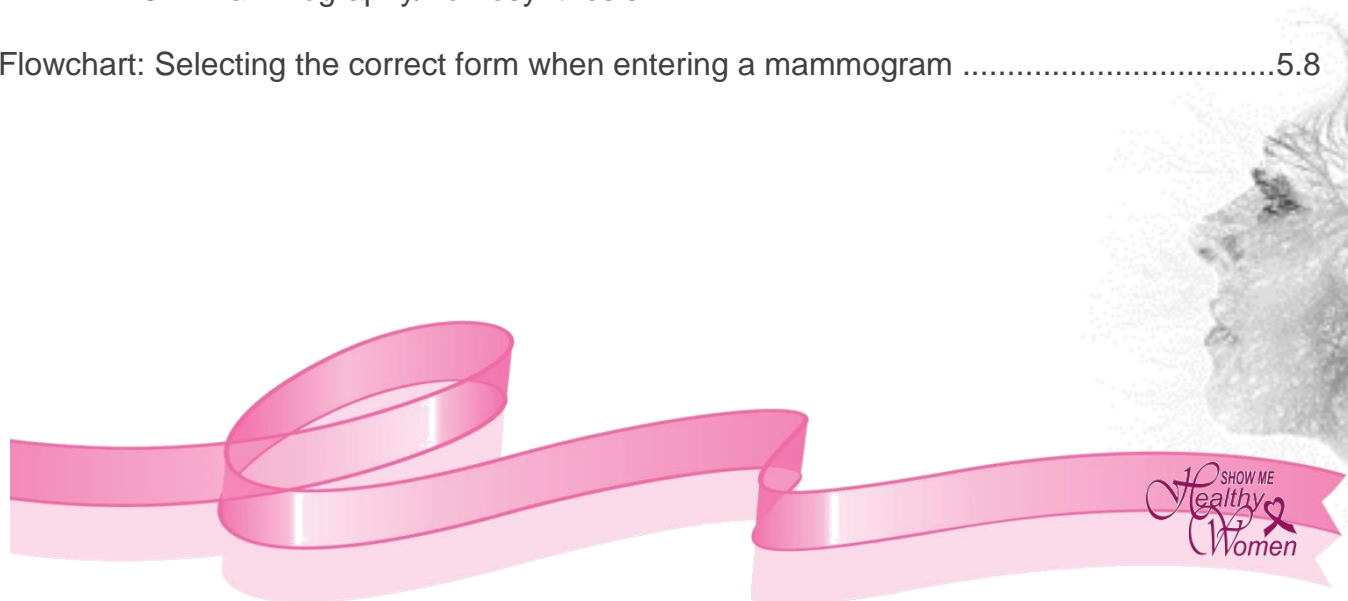
Provider Service	SMHW Client
<b>Tobacco Quitline:</b>	<b>SMHW Provider:</b> <ol style="list-style-type: none"> <li>1. Refer clients who smoke to the Missouri Tobacco Quitline, 800-QUIT-NOW (800-784-8669)</li> <li>2. Provide Quitline card</li> </ol>
<b>Diagnostic Office Visit:</b>  20- or 30-minute office visit.  *Specific timeframes may apply.	<b>SMHW Referrals/Diagnostics:</b> <ol style="list-style-type: none"> <li>1. Follow abnormal breast results within 60 days of result</li> <li>2. Follow abnormal cervical results by diagnostic tests <b>within 60 to 90 days</b></li> <li>3. Refer women age 35 to 64 or older who have abnormal CBE, qualifying self-reporting symptoms, or personal history of breast cancer for diagnostic mammogram and possibly other breast diagnostics</li> <li>4. Schedule client for cervical follow-up rescreens or further cervical diagnostic services as needed</li> <li>5. For alert/abnormal screening results, complete documentation of scheduled or completed medical evaluation and results on appropriate sections of the blue screening form</li> <li>6. Electronically submit purple breast form and yellow cervical form</li> <li>7. Contact RPC for any client refusals or patterns of missed appointments</li> </ol>

---

# Diagnostic Breast Services and Treatment Coordination

---

Diagnostic Breast Services and Treatment Coordination .....	5.1
Provider Assurances	
Suspicious or Abnormal Breast Results	
Determination of Screening Results	
Pending Abnormal Screening Results	
Rescreen Protocols .....	5.3
CBE	
Mammogram	
New Breast Lump	
Ultrasound	
Specialist Consultation Guidelines .....	5.5
Specialist Consultation Reminder	
Diagnostic Services Available .....	5.6
Guidelines for Breast Diagnostic Services .....	5.7
CBE Suspicious for Cancer	
Non-palpable Mammography Abnormality	
Ultrasound	
Breast Biopsies	
Fine Needle Aspiration, Core Needle, Stereotactic, Incisional or Excisional	
3-D Mammography/Tomosynthesis	
Flowchart: Selecting the correct form when entering a mammogram .....	5.8



---

## Diagnostic Breast Services and Treatment Coordination

---

Guidelines for the Management of Breast Self-Exam (BSE) Reported Symptoms .....	5.9
Guidelines for the Management of Clinical Breast Exam (CBE) Results.....	5.10
Guidelines for the Management of a “Suspicious for Cancer” CBE and First Follow-up Test is a Diagnostic Mammogram.....	5.11
Guidelines for the Management of Women who have Suspicious for Cancer CBE and first follow-up test is NOT a Mammogram .....	5.13
Diagnostic Breast Follow-up Algorithms.....	5.15
Purple Breast Form .....	5.18
Alert Value Follow-Up.....	5.19



## Diagnostic Breast Services and Treatment Coordination

A mandatory component as a provider of the SMHW program is the responsibility for providing clinical case management of abnormal findings as well as reporting the abnormal findings, and the outcomes to the SMHW program on a timely basis.

The clinician, using current standards of practice and the established SMHW breast cancer screening protocols, determines abnormal findings clinical case management type and frequency.

### Provider Assurances

#### Providers Must Ensure the Following

### Suspicious or Abnormal Breast Results

Clients with suspicious or abnormal breast results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis, and/or appropriate treatment. Clinicians will report data to SMHW. In order to meet the program requirements, two diagnostic tests must be completed after an abnormal CBE. In the event a second diagnostic test is not completed, include a detailed comment in the comment section of the breast (purple) form as to why a second diagnostic test was not completed.

<b>CDC</b>	<b>60 days or less from result of suspicious for cancer screening to diagnosis</b>
<b>Standard</b>	<b>60 days or less from time of cancer diagnosis to start of treatment</b>

#### Breast Exception

An exception in counting the number of days has been made for women referred into the program for diagnostic evaluation after an abnormal breast test result is received from a provider outside of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial abnormal breast test.

## Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- Notify and explain to the client with abnormal findings the need for any additional diagnostic service(s).
- SMHW requires two documented attempts for client follow-up, if needed.
  - Direct telephone communication has been shown to be the most effective contact.
  - If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
  - If no response is received after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.

## Pending Abnormal Screening Results

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be checked and a new annual screening test must be performed prior to the initiation of further diagnostic studies. SMHW will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.

- For clients referred to direct billing diagnostic providers (page 9.5), continue to track that the client receives/attends the scheduled appointments.
- For a client diagnosed with cancer, SMHW providers must provide the following information to SMHW:
  - Date treatment started
  - Type of treatment initiated
  - Name of the facility where treatment occurred

### **Note:**

Contact the RPC in your area (pages 13.1-.2) with questions.

---

## Rescreen Protocol

---

### CBE

For a first occurrence of breast pain and tenderness, SMHW will only reimburse for an office visit for the CBE. SMHW does not reimburse for breast diagnostics for a first occurrence of breast pain/tenderness.

A rescreen CBE can be performed after 14 days or within 10 months of an initial CBE with the first time reported pain /tenderness. Please see page 5.10, condition number four (4).

A repeat CBE is an option as a rescreen, performed 14 days to 10 months after a CBE deemed suspicious for cancer and after performance of appropriate diagnostic test confirmed non-cancer diagnosis. If no prior SMHW documentation is submitted, it is acceptable to enter the first occurrence of pain/tenderness in the comments section of MOHSAIC.

### Mammogram

- SMHW will pay up to four consecutive probable benign mammograms within a two-year period. The standard recommendation of a probable benign mammogram is four consecutive six-month follow-ups (a complete cycle of two years). However, if during this follow-up cycle the test result is downgraded to a benign finding (Category II), additional follow-up is not required. **If the result remains probably benign or upgraded to a higher category, another type of additional diagnostic testing must be performed within 60 days.**
- A repeat mammogram is an option within ten (10) months if the previous mammogram reported to SMHW was a “Category 0, Need evaluation or film comparison”. If “Category 0, Need evaluation or film comparison” is the result reported on a mammogram; film comparison, additional mammography, or ultrasound images are needed within **60 days. If possible, providers should not enter this result until the final result is available.** However, if “Category 0, Need evaluation or film comparison” is noted on the blue screening form (pages 10.10-.11) providers should complete the film comparison or take additional images within **60 days**. The film comparison result should be reported in the **Comments section** on the purple breast form (pages 10.12-.13) if the blue screening form has already been submitted. Additional imaging would also be reported on the purple breast form (pages 10.12-.13).

#### ***Reporting Directions:***

If a client receives breast diagnostic procedures that recommend a rescreen mammogram or rescreen ultrasound (typically in six months), the current purple breast form (pages 10.12-.13) should be entered as “Work-up complete”. When the rescreen mammogram is submitted it shall be on a blue screening form (pages 10.10-.11) entered as “Rescreen”. Refer to the flowchart on page 5.9 on selecting the correct form type for entering of mammograms.



### New Breast Lump

- For clients who received an annual SMHW screening that was normal, but later notes a new breast lump, SMHW will not cover the cost of the second office visit, but will pay for the diagnostic testing if the CBE is abnormal. If the clinician does not find a lump and chooses to complete diagnostic testing as a result of the breast self-examination, SMHW will cover the cost of the diagnostics.

### Ultrasound

- Ultrasound may be used as a rescreening tool when a mammogram is not appropriate. Rescreen must be less than ten months from original abnormal ultrasound screening.

#### ***Limitation:***

SMHW will not reimburse for more than two consecutive ultrasound tests with the result of “probably benign” without further diagnostic testing planned within **60 days** (something other than ultrasound such as a specialist consult or biopsy). See page 5.16.

#### ***Reporting Directions:***

If a client receives breast diagnostic procedures that recommend a follow-up/rescreen mammogram or ultrasound in six months, enter as “Work-up complete” on the current purple breast form (pages 10.12-.13). Submit the rescreen ultrasound on a purple breast form with “Rescreen ultrasound” box checked.

---

## Specialist Consultation Guidelines

---

A SMHW client may be referred for a specialist consultation following abnormal screening and diagnostic test results. Refer clients requiring a specialist consultation to a surgeon, OB/GYN specializing in breast and/or cervical health, or a physician or nurse practitioner who works for a cancer diagnostic or treatment center. Referral to the same screening examiner is not a specialist consult.

***Limitation:***

Reimbursement for breast and/or cervical specialist consultation following abnormal results is limited to one breast and one cervical referral per client in a contract year.

### Specialist Consultation Reminder

- Retain a copy of the consult in the client's chart. Do not submit a copy to SMHW.

## Diagnostic Services Available

**ATTENTION:**

Complete breast diagnostic services within **60 days** of an abnormal screen.

### DIAGNOSTIC SERVICES

#### Breast Cancer

- Diagnostic mammogram (Digital or Conventional)
- Breast ultrasound
- Ductogram/Galactogram (single duct)
- FNA without pathology
- FNA clinical procedure plus pathology
- FNA deep tissue under guidance plus pathology
- Core needle biopsy
- Stereotactic biopsy
- Incisional biopsy
- Excisional biopsy
- Specialist consultation
- Facility fees
- General anesthesia\*

\*Only one (1) anesthesia fee reimbursement paid for when performing multiple biopsies during the same operation.

\*Payment: Services are paid at an outpatient rate only. SMHW program reimburses for services as indicated on pages 9.7-9.12.

Protocols: The frequency and type of services is at the discretion of the clinician based on current standards of practice and on the protocols included on pages 5.10 – 5.18

---

## Guidelines for Breast Diagnostic Services

---

### CBE Suspicious for Cancer

- Completely evaluate and appropriately refer women age 35 and older with a clinically suspicious lesion.

### Non-palpable Mammography Abnormality

- Mammography results reported by a radiologist with reference to American Cancer Society (ACS) categories “Suspicious abnormality” (Category 4) or “Highly suggestive of malignancy” (Category 5) should be referred to a surgeon.
- “Additional Imaging Pending” (Category 0) should be followed by additional views, comparison of films and/or ultrasound within **60 days**. If comparison of previous films is needed, only the final result of the comparison study should be reported. Providers who have already submitted reporting forms with the “Additional Imaging Pending” (Category 0) should enter results on the Breast Diagnosis and Treatment form in the **Comments** section.

### Ultrasound

- Ultrasound may be recommended when the CBE is suspicious for cancer and mammogram is not appropriate.
- Abnormal ultrasound requires additional diagnostic imaging.
- Refer women whose results are Category 4 or Category 5 to the BCCT program with or without a biopsy.

### Breast Biopsies:

#### Fine Needle Aspiration, Core Needle, Stereotactic, Incisional or Excisional

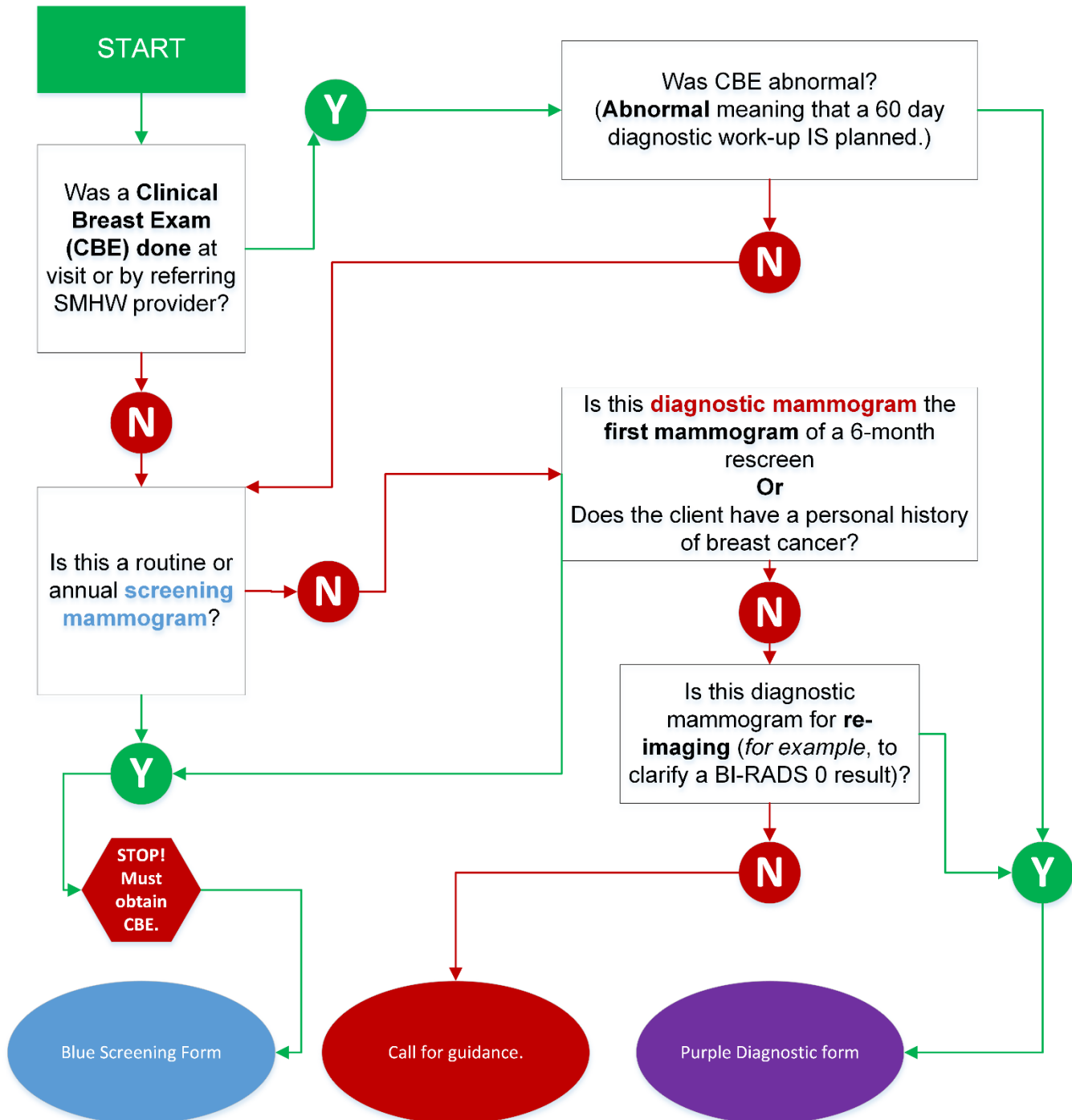
- The BSE, CBE and/or imaging mammogram/ultrasound must be suspicious for cancer and information submitted to SMHW before the program will reimburse for breast biopsies.

#### 3-D Mammography/Tomosynthesis

- SMHW will reimburse for clients who undergo 3-D mammography (Tomosynthesis).

## FLOWCHART

### Selecting the Correct Form When Entering a Mammogram



Note:  
This flowchart provides direction for entering mammograms only. **CBEs will always** be entered on a blue screening form.

## Guidelines for the Management of *Breast Self-Exam (BSE)* Reported Symptoms

MOHSAIC Reporting Form: (Blue) Screening Form Section B1 and B2

<b>(1)</b> <b>Self-reported Lump</b>	<p>Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with 2 diagnostic tests per program guidelines:</p> <ul style="list-style-type: none"> <li>- Diagnostic mammogram,      - Specialist consult, or</li> <li>- Ultrasound,                      - Breast biopsy</li> </ul> <p>Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE</p>
<b>(2)</b> <b>Nipple Discharge</b> (Especially unilateral spontaneous clear or bloody drainage)	<p>Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with 2 diagnostic tests per program guidelines :</p> <ul style="list-style-type: none"> <li>- Diagnostic mammogram,      - Specialist consult, or</li> <li>- Ultrasound,                      - Breast biopsy</li> </ul> <p>Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE</p>
<b>(3)</b> <b>Skin Changes</b> (dimpling, retraction, new nipple inversion, ulceration or Paget's disease)	<p>Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with 2 diagnostic tests per program guidelines :</p> <ul style="list-style-type: none"> <li>- Diagnostic mammogram,      - Specialist consult, or</li> <li>- Ultrasound,                      - Breast biopsy</li> </ul> <p>Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE</p>
<b>(4)</b> <b>Pain/Tenderness</b>	<p>If pain and tenderness are reported, client may be followed with a rescreen CBE in 14 days to 10 months. If client continues to report pain and tenderness twice, and breast cancer is a concern, it is the clinician's discretion for additional follow-up or 2 diagnostic tests per program guidelines, insert statement in comment section at bottom of screening form that additional diagnostics are being done following a second rescreen. If the client comes with a recent previous history of a documented pain or tenderness complaint, make a note in the comments when the physician documented the issue, and report it as a second occurrence of pain on the blue screening form. Please consult the RPC for your area for clarification.</p>
<b>(5)</b> <b>Other</b>	<p>Example: Personal history of treated breast cancer. In this case, client may receive a diagnostic mammogram annually.</p> <p>Example: Known BRCA carrier. At this time, screening guidelines are not altered due to genetic predisposition for breast cancer.</p>
<b>(6)</b> <b>Family History</b>	<p>At this time, screening guidelines are not altered due to family history of breast cancer.</p>

## Guidelines for the Management of *Clinical Breast Exam (CBE)* Results

\*Indicates suspicious for cancer and **requires** additional follow-up in less than 60 days from the date of the abnormal CBE result.

### MOHSAIC Reporting Form: Blue screening Form Sections B3 and B4

(1) <b>Benign Finding</b>	Fibrocystic changes, diffuse lumpiness that is not clinically suspicious, clearly defined symmetrical thickening, tenderness, or nodularity palpated in the same location in both breasts  Examples include: fibroadenomas, multiple secretory calcifications, oil cysts, lipomas, galactoceles, mixed density hamartomas, intra-mammary lymph nodes, vascular calcification, implants, and architectural distortion related to previous surgery	CBE may be repeated in 14 days to 10 months.  ( <b>NOT</b> eligible for SMHW reimbursed diagnostics with these results)
(2) <b>*Discrete Palpable Mass</b>	includes masses that may be diffuse, poorly defined thickening, asymmetric thickening/nodularity, cystic or solid	<b>Focal pain and tenderness can be evaluated at the clinician discretion.</b>  2 diagnostic tests are to be performed per program guidelines (if something different is done, make a note in the comments section of the form).  - Diagnostic Mammogram - Ultrasound - MRI (SMHW does not reimburse for diagnostic MRI) - Breast Consult - FNA - Biopsy  SMHW program does not reimburse for skin biopsy.  Reassess clinical/pathology correlation if tissue biopsy results are benign. Also, consider repeating the biopsy.
(3) <b>*Nipple Discharge</b>	<b>whether or not there is a palpable mass</b>  especially spontaneous unilateral, clear, serous, sanguineous or serosanguineous	
(4) <b>*Nipple Excoriation, Areolar Scaliness, or Erythema</b>	(clinically suspicious of Paget's Disease)	
(5) <b>*Skin Changes</b>	dimpling; retraction; new nipple inversion/peau d'orange; ulceration; one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral lymph nodes; also swelling of upper arm.  (clinically suspicious of Inflammatory Breast Cancer)	
(6) <b>*Abnormal clavicular, or axillary lymph nodes, or swelling of upper arm.</b>	Enlarged, tender, fixed or hard palpable supraclavicular, infraclavicular or axillary lymph nodes, also swelling of upper arm.	

## Guidelines for the Management of a “Suspicious for Cancer” CBE and First Follow-up Test is a Diagnostic Mammogram

*\*All diagnostic follow-up should be completed in less than 60 days from the date of the abnormal CBE*

**page 1 of 2**

**\*If the first test following an abnormal CBE is a mammogram, no matter the mammogram result (Category 0-5), an additional, different type of diagnostic test should be completed within 60 days of the abnormal CBE result.**

**\*Use a diagnostic mammogram, rather than a screening mammogram, if a mammogram is preferred following an abnormal CBE.**

*The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram, is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the breast (purple) diagnostic form.*

### Mammogram Result Category 0 Assessment Incomplete

Option 1 <b>Compare to Previous Films</b> (Enter Results on a Purple Diagnostic Form)	Option 2 <b>Additional Diagnostic Mammogram Views</b> (Enter Results on a Purple Diagnostic Form)	Option 3 <b>Ultrasound</b> (Enter Results on a Purple Diagnostic Form)
If comparison does not clinically clarify mammogram result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow-up as clinically indicated.  (Note: It is preferable to hold purple MOHSAIC reporting form submission until comparison results can be entered on the initial form)	If additional mammogram views do not clinically clarify result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow-up as clinically indicated.  (Note: Updates of the additional mammogram views should be submitted on a purple breast diagnostic MOHSAIC form) in the Comments section.	If Ultrasound result does not clinically correlate to the CBE result, should refer to specialist and progress to other SMHW covered diagnostic tests and progress using program guidelines for breast follow-up as clinically indicated.  (Note: Ultrasound result should be submitted on a purple breast diagnostic MOHSAIC form)

### Once Mammogram Result is Clarified from Category 0 to a Specific Category 1-5, Refer to Next Page for Follow-up Guidelines:

SMHW staff note that at times, the original screening provider performs a diagnostic mammogram and when the client is referred to another direct biller for further diagnostics, the direct biller is repeating a mammogram. Please avoid this duplication of services when possible, to conserve funding, service and appointment efforts. If the original provider is highly suspicious of cancer, please consider where the woman would go for treatment if she is found to have breast cancer and refer for the diagnostic mammogram as appropriate. If the potential treating provider is located a significant distance away and it would create a hardship for the client to travel for the initial diagnostics please take that situation into consideration.

*(Follow-up Guidelines for Mammogram results Categories 1-5 is on the next page.)*



## Guidelines for the Management of a “Suspicious for Cancer” CBE and First Follow-up Test is a Diagnostic Mammogram

*\*All diagnostic follow-up should be completed in less than 60 days from the date of the abnormal CBE.*

**page 2 of 2**

\*If the first test following an abnormal CBE is a mammogram, no matter what the mammogram result is (Category 0-5), an **additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

\* A diagnostic mammogram rather than a screening mammogram should be used if a mammogram is preferred following an abnormal CBE.

*The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram, is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, screening MRI (prior approval by SMHW Manager), or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the breast (purple) diagnostic form.*

Mammogram Result Category 1 or 2 Negative or Benign	Mammogram Result Category 3 Probably Benign <i>Examples include non-calcified mass, focal asymmetry and cluster of round calcifications.</i>	Mammogram Result Category 4 or 5 Suspicious Abnormality or Highly Suggestive of Malignancy
<u>Should</u> Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as: <ul style="list-style-type: none"> <li>• Ultrasound</li> <li>• Surgical Consult</li> <li>• FNA</li> <li>• Tissue Biopsy</li> <li>• Screening MRI (obtain prior approval from SMHW manager)</li> </ul>	<u>Should</u> Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as: <ul style="list-style-type: none"> <li>• Ultrasound</li> <li>• Surgical Consult</li> <li>• FNA</li> <li>• Tissue Biopsy</li> <li>• Screening MRI (obtain prior approval from SMHW manager)</li> </ul>	<ul style="list-style-type: none"> <li>• Perform Ultrasound (if clinically appropriate) to qualify client for BCCT <b>OR</b></li> <li>• If Ultrasound is not clinically appropriate or US result is Category 1-3; perform a Breast Consult <b>AND</b> FNA or Tissue Biopsy as clinically indicated.</li> </ul> <p><i>(Note: It is preferable to qualify client for BCCT services by obtaining abnormal Ultrasound results of 4 or 5 rather than SMHW reimbursement for a biopsy – but if necessary, biopsy is payable by SMHW)</i></p>
Perform Follow-up per Guidelines as Listed Below:		
<p>Please Note: If clinician recommends other clinical protocol to be considered, please contact the SMHW RPC or the central office SMHW staff at toll-free 866-726-9926. The above are considered to be typical guidelines and not definitive practice standards appropriate for every situation. These guidelines address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services.</p>		

## Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below)

Page 1 of 2

Ultrasound	Category 1 (Negative) or Category 2 (Benign)	<ul style="list-style-type: none"><li>Diagnostic Referral based on CBE result.</li></ul>	
	Category 3 (Probably Benign)	<ul style="list-style-type: none"><li>Clinician's discretion</li><li>May proceed to Surgical Consult, FNA, or Biopsy within 60 days,</li><li>May designate work-up complete and return to routine screening,</li><li>May rescreen every 6 to 12 months for 1 to 2 years*</li><li>May rescreen at shorter intervals if medically necessary</li></ul> <p>*If there are more than two consecutive “probably benign” results, client must have follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule.</p>	
	Category 4 (Suspicious Abnormality) or Category 5 (Highly Suggestive of Malignancy)	<ul style="list-style-type: none"><li>Qualifies for BCCT (temporary eligibility) (SMHW should pay for the US.) Then the specialist consult and tissue biopsy can be performed through the BCCT program. Refer to Section 7 BCCT and complete and submit form on page 10.16.</li></ul>	If tissue biopsy is positive for breast cancer, client qualifies for the BCCT MO HealthNet application for treatment eligibility. See Section 7. Complete and submit form on page 10.17.
Mammogram  (Mammogram is <u>NOT</u> the first test following an abnormal CBE)	Category 0 (Assessment Incomplete)	<ul style="list-style-type: none"><li>Compare to previous films, complete additional mammogram views, or perform Ultrasound</li></ul>	
	Category 1 (Negative) or Category 2 (Benign)	<ul style="list-style-type: none"><li>Work-up may be complete if another test result is not suspicious for cancer</li></ul>	
	Category 3 (Probably Benign)	<ul style="list-style-type: none"><li>Clinician's discretion to proceed to Ultrasound, Surgical Consult, FNA, screening MRI (prior approval obtained from SMHW manager), or Biopsy within 60 days <u>or</u></li><li>Designate work-up complete &amp; may rescreen at 6-month intervals for the next 6-24 months*</li></ul> <p>*If there are two consecutive “probably benign” results, client must have some other type of further diagnostic testing done such as surgical consult, FNA, or biopsy within 60 days of abnormal CBE result</p>	
	Category 4 (Suspicious Abnormality) or Category 5 (Highly Suggestive of Malignancy)	<ul style="list-style-type: none"><li>Must proceed to Ultrasound, Surgical consult, FNA, or Biopsy</li><li>If Ultrasound result is a Category 4 or 5, complete and submit form on page 10.16 before proceeding with further diagnostics. With these ultrasound results, clients will be eligible to receive any further diagnostic and treatment services through the MO HealthNet program as well as health care for other medical issues that may occur. MO HealthNet requires prior authorization for many procedures, including ultrasound.</li></ul>	
*If clinician has other clinical protocol to be considered, please contact your RPC. The above are considered to be typical guidelines and not definitive proactive standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program. <b>See provider manual for more specific information regarding covered services.</b>			

## Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below. Enter results on a purple breast form.)

Page 2 of 2

<b>Specialist Consult</b>	<b>Category 1 (Negative)</b> or <b>Category 2 (Benign)</b>	<ul style="list-style-type: none"> <li>Work-up may be complete if another test result is not suspicious for cancer</li> </ul>
	<b>Category 3</b> (Probably Benign)	<ul style="list-style-type: none"> <li>Clinician's discretion to complete additional work-up if another test result is not suspicious for cancer OR</li> <li>May designate work-up complete and may perform rescreen CBE within the next 6 -10 months</li> </ul>
	<b>Category 4 (Suspicious Abnormality)</b> or <b>Category 5</b> (Highly Suggestive of Malignancy)	<ul style="list-style-type: none"> <li>Typically determination is made to perform a FNA or Biopsy within 60 days of abnormal CBE result</li> </ul>
<b>Fine Needle Aspiration</b>	<b>Negative</b>	<ul style="list-style-type: none"> <li>When clearly benign or negative, work-up may be complete</li> </ul>
	<b>Indeterminate</b>	<ul style="list-style-type: none"> <li>Typically is followed by a surgical biopsy – or FNA may be repeated within 60 days of abnormal CBE result</li> </ul>
	<b>Suspicious for Malignancy</b>	<ul style="list-style-type: none"> <li>Typically is followed by a surgical biopsy within 60 days of abnormal CBE result</li> </ul>
	<b>Malignancy</b>	<ul style="list-style-type: none"> <li>When cancer is clearly identified, refer to BCCT for treatment and report initial breast cancer treatment to RPC within 30 days of diagnosis</li> <li>Refer client to full BCCT by submitting BCCT MO HealthNet Application form, (page 10.17) if not submitted previously.</li> </ul>
<b>Biopsy Pathology Findings</b>	<b>Benign</b>	<ul style="list-style-type: none"> <li>Work-up may be complete and/or clinician's discretion to perform rescreen of any abnormal Mammogram/Ultrasound results in 6-12 months for 1-2 years</li> </ul>
	<b>Benign Atypical or Indeterminate</b>	<ul style="list-style-type: none"> <li>Refer to Specialist: Possible Excisional Biopsy per surgeon/radiologist recommendation</li> </ul>
	<b>Malignant or Ductal Carcinoma In Situ (DCIS)</b>	<ul style="list-style-type: none"> <li>Refer to BCCT for treatment and report initial breast cancer treatment to RPC.</li> <li>Refer client to full BCCT by submitting BCCT MO HealthNet Application form, (page 10.17) if not submitted previously.</li> </ul>
<p>*If Clinician has other clinical protocol to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program. <b>See provider manual for more specific information regarding covered services.</b></p>		

## Diagnostic Breast Follow-up Algorithms

Page 1 of 3

ULTRASOUND Follow-Up				
Enter results on a purple breast form				
Category 1 Negative	Category 2 Benign	Category 3 Probably Benign	Category 4 Suspicious Abnormality	Category 5 Highly Suggestive of Malignancy
Diagnostic Referral based on CBE result		<p>Clinician's discretion:</p> <ul style="list-style-type: none"><li>• May complete additional diagnostic work-up within 60 days</li><li>• May designate work-up complete and return to routine screenings, or</li><li>• May designate work-up complete and may rescreen within the next 6-10 months.*</li></ul> <p>*If there are more than two consecutive “probably benign” results, clinician may follow-up with another type of diagnostic testing such as surgical consult, FNA, biopsy OR may continue a rescreening schedule at 6 month intervals.</p>	<ul style="list-style-type: none"><li>• Qualifies for BCCT PE (temporary eligibility) referral</li><li>• Tissue biopsy is typically performed through the BCCT/MO HealthNet program. Refer to Section 7. Please note: MO HealthNet prior authorization for procedures may be required.</li></ul>	
SPECIALIST CONSULT Follow-Up				
Enter results on a purple breast diagnostic form.				
Category 1 Negative	Category 2 Benign	Category 3 Probably Benign	Category 4 Suspicious Abnormality	Category 5 Highly Suggestive of Malignancy
		(Examples include: Symmetrical thickening/thickened tissue/nodularity palpated in the same location in both breast; irregularity or lumpiness that is not clinically suspicious)		
Work-up may be complete if another test result is not suspicious for cancer		<p>Clinician's discretion:</p> <ul style="list-style-type: none"><li>• May complete additional diagnostic work-up within 60 days,</li><li>• May designate work-up complete <b>and</b> return to routine screenings, or</li><li>• May designate work-up complete <b>and</b> may rescreen within the next 6-10 months.</li></ul>	Typically the determination is made to perform a Tissue Biopsy. If client is BCCT eligible prior to biopsy, MO HealthNet prior authorization for procedures may be required.	

## Diagnostic Breast Follow-up Algorithms

Page 2 of 3

Diagnostic MAMMOGRAM Follow-Up			
Category 0 Assessment Incomplete	Category 1 Negative or Category 2 Benign  Examples include calcified fibroadenomas, multiple secretory calcifications, fat containing lesions (oil cysts), lipomas, galactoceles, mixed density hematomas and others.	Category 3 Probably Benign  Examples include non-calcified mass, focal asymmetry, cluster of round calcifications and others.	Category 4 Suspicious Abnormality or Category 5 Highly Suggestive of Malignancy
<ul style="list-style-type: none"> <li>Compare to previous films,</li> <li>Complete additional mammogram views, or</li> <li>Perform ultrasound as indicated.</li> </ul>	<p><b>Clinician's discretion:</b></p> <ul style="list-style-type: none"> <li>Work-up may be complete if another test result is not suspicious for cancer. If complete, return to routine screening: Annual CBE/Mammogram/Breast Awareness</li> </ul> <p><b>Exception:</b> If CBE result was abnormal, additional diagnostic work-up within 60 days of date of abnormal CBE is required. Work-up may include any or all of the following: Ultrasound, Breast Consult, and Tissue Biopsy.</p> <p>If benign and CBE result was not abnormal, may rescreen at 3 to 5 months and then further follow-up may be done based on surgeon's recommendations.</p>	<p><b>Clinician's discretion:</b></p> <ul style="list-style-type: none"> <li>May proceed to Ultrasound, Surgical Consult, FNA, or Biopsy within 60 days, or</li> <li>May designate work-up complete and return to routine screening, or</li> <li>May rescreen every 6 to 12 months for 1 to 2 years*, or</li> <li>If medically necessary, may rescreen at shorter intervals. <ul style="list-style-type: none"> <li>If there are two consecutive "probably benign" results, clinician may follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Should be referred</b> to a surgeon, and</li> <li><b>Must proceed</b> to ANOTHER DIAGNOSTIC TEST such as Surgical Consult AND Tissue Biopsy.</li> </ul> <p>Tissue biopsy includes Incisional, Core Needle, Ultrasound Guided, Stereotactic, or Excisional.</p>

## Diagnostic Breast Follow-up Algorithms

Page 3 of 3

### FINE NEEDLE ASPIRATION Follow-Up

(Enter results on a purple breast diagnostic form)

Breast cyst aspiration procedure is only to be done if the cyst is complex or suspicious for breast cancer on imaging. It is NOT approved for payment if the cyst is benign on imaging and is being aspirated for pain management or reduction of a benign cyst.

<b>Negative</b>	<b>Indeterminate</b>	<b>Suspicious for Malignancy or Malignancy</b>
Work-up may be complete	Possible repeat or surgical biopsy per surgeon/radiologist recommendation	<ul style="list-style-type: none"> <li>If not already enrolled, enroll in BCCT</li> <li>If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required</li> <li>If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment</li> </ul>

### BIOPSY Follow-Up

(Enter results on a purple breast diagnostic form)

<b>Benign</b>	<b>Benign Atypical</b>	<b>Indeterminate</b>	<b>Suspicious for Malignancy or Malignancy</b>
Diagnostic Mammogram/US in 6-12 months for 1-2 years	Possible Excisional Biopsy per surgeon/radiologist recommendation	Refer to specialist	<ul style="list-style-type: none"> <li>If not already enrolled, enroll in BCCT</li> <li>If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required</li> <li>If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment</li> </ul>

---

## Purple Breast Form

---

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly to correspond with the date of service. At the beginning of each grant year there are multiple versions of this form in MOHSAIC. Click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner.

**NOTE:**

Breast Diagnosis and Treatment Form, also referred to as purple breast form, is to collect complete follow-up information for all clients with abnormal breast screening results.  
**Please order blank forms from SMHW by calling toll-free at 866-726-9926 or 573-522-2845.**

- The blue screening form must accompany or precede the purple breast form. A SMHW or a non-SMHW provider must base the diagnostic service on an abnormal screening result.
- Information from the purple breast form is required by CDC and is crucial for statistical reports and studies. All information received is confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. All reported information shall be filed in the client's record.
- MOHSAIC electronic forms can be accessed at <https://healthapps.dhss.mo.gov/smhw/>.
- A copy of the purple breast form is located in Section 10 - Forms or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>
- If you have additional questions, please call the RPC for the provider area or toll-free 866-726-9926 or 573-522-2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at [support@health.mo.gov](mailto:support@health.mo.gov).

**Refer to Section 10, Forms Section or follow link to forms:**

<http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.

---

## Alert Value Follow-Up

---

The MOHSAIC electronic reporting system has been programmed to produce lists of clients and the SMHW providers who reported abnormal, suspicious for cancer results. These lists are forwarded at least weekly to the RPCs. The RPCs check the MOHSAIC reporting system to determine if follow-up is reported timely. If no information is entered into MOHSAIC regarding the necessary follow-up, the RPC will contact the provider to ensure that follow-up has occurred and that it will be reported by the provider; or, if the provider or client is experiencing difficulty in completing the follow-up, the RPC will assist in contacting the client or in finding appropriate resources.

### SMHW Providers Shall

- Implement some form of internal tracking and reminder system to ensure that SMHW clients who have abnormal breast test results suspicious for cancer receive further medical evaluation and treatment within **60 days**. This assures scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation difficulties.
- Implement some form of internal tracking and reminder system to ensure that women who have abnormal cervical test results receive further medical evaluation and treatment within **90 days**. This ensures that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers to care, such as transportation.
- Promptly notify the RPC when a client is referred to BCCT in order to ensure timely and complete follow-up, complete and accurate tracking and documentation as such. Please report additional information to the RPC who can enter the information onto forms as needed, such as treatment of cancers found.
- SMHW requires two documented attempts for client follow-up, if needed.
  - Direct telephone communication is the most effective contact method.
  - If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
  - If no response after the second attempt or the client refuses further diagnostics and/or treatments, notify the RPC.
  - Utilize a tracking system to ensure that clients show up for scheduled visits and receive the appropriate diagnostic or treatment services.
  - If clients do not keep follow-up appointments, implement attempts to reach the client for rescheduling the appointment by telephone or by mail within **30 days**.
  - If the client is no longer reachable or attempts to contact the client fail, please inform the RPC for the provider area within **30 days**.

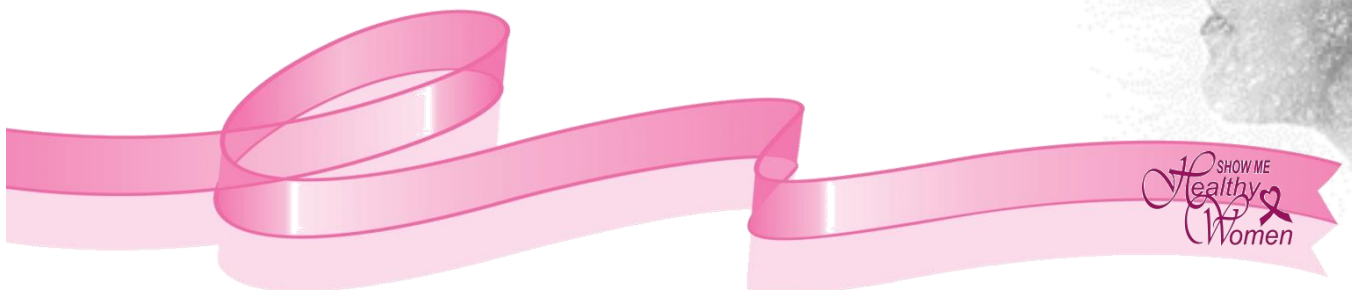


---

## Abnormal Cervical Screening Results

---

Abnormal Cervical Screening Results .....	6.1
Suspicious or Abnormal Cervical Results	
Determination of Screening Results	
Pending Abnormal Screening Results	
Protocol for Rescreen.....	6.3
Pelvic Examination	
Pap Test	
Specialist Consultation Guidelines .....	6.4
Specialist Consultation Reminder	
Not Considered a Specialist Consultation	
Diagnostic Services Available .....	6.5
Pap Test Exceptions	
Guidelines for Cervical Diagnostic Services.....	6.6
High-Risk Human Papillomavirus (HPV) Testing	
Cervical Conization	
Yellow Cervical Form .....	6.7
ASCCP Algorithms and 2020 Update Consensus Guidelines are located at <a href="http://www.asccp.org/">http://www.asccp.org/</a>	
Alert Value Follow-up .....	6.8
SMHW providers shall	
Cervical situations that require follow-up within 90 days	



## Abnormal Cervical Screening Results

A mandatory component as a provider of the SMHW program is the responsibility for providing clinical case management of abnormal findings, as well as reporting the abnormal findings and the outcomes to the SMHW program on a timely basis.

The clinician, using current standards of practice and the established SMHW cervical cancer screening protocols, determines abnormal findings clinical case management type and frequency.

### Providers must ensure the following

#### Suspicious or Abnormal Cervical Results

Clients with suspicious or abnormal cervical results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment, and clinicians will report data to SMHW.

<b>CDC</b>	<b>60 days or less from a suspicious for cancer screening result to diagnosis.</b>
<b>Standard</b>	<b>90 days or less from time of CIN 2 or CIN 3/CIS diagnosis to start of treatment.</b>

#### Pap Test Exceptions:

An exception to extend the diagnostic follow-up interval to **90 days** for women with an abnormal pap test result of ASC-H or worse, including 'presumed abnormal' is allowable.

An exception in counting the number of days for women referred into the program for diagnostic evaluation after a received abnormal pap test result from a provider outside of the SMHW program is allowable. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial pap test.

#### Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- Notify and explain to the client with abnormal findings the need for any additional diagnostic service(s).
- SMHW requires two documented attempts for client follow-up, if needed.
  - Direct telephone communication has been shown to be the most effective contact.

- If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
- If no response is received after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.

## **Pending Abnormal Screening Results**

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be checked and a new annual screening test must be performed prior to the initiation of further diagnostic studies. SMHW will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.

- For clients referred to direct billing diagnostic providers (Section 9 – Billing Guidelines), continue to track that the client receives/attends the scheduled appointments.
- For a client diagnosed with cancer, SMHW providers must provide the following information to SMHW:
  - Date treatment started
  - Type of treatment initiated
  - Name of the facility where treatment occurred

---

## Protocol for Rescreen

---

Follow these guidelines in the instances where performance of a rescreen is needed.

### Pelvic Examination

- A repeat pelvic exam is optional as a rescreen in less than ten (10) months if the previous abnormal pelvic exam reported to SMHW was not within normal limits due to an abnormal cervical finding.

### Pap Test

- Reimbursement occurs only when pap test is in accordance with the ASCCP guidelines.
- SMHW does reimburse for HPV DNA genotyping.
- HPV DNA genotyping is not considered the same as HPV testing.
- HPV DNA specific genotyping 16/18 is an ASCCP option that recommends being done with normal pap/HPV positive results to determine if further diagnostic follow-up is needed.
- Or, the provider can choose not to do genotyping and co-test (pap/HPV) in one year.
- Both are acceptable ASCCP options.

***Reporting Directions:***

Report a rescreen pap test on a blue screening form (pages 10.10) with the category "Rescreen" marked in the "Visit type" box.

- See link to ASCCP Guidelines on page 6.7.
- If rescreen results are suspicious for cancer, proceed with diagnostic procedures as indicated by ASCCP guidelines.

---

## Specialist Consultation Guidelines

---

A SMHW client may be referred for a specialist consultation following abnormal screening and/or diagnostic test results. Refer clients requiring a specialist consultation to a surgeon, OB/GYN specializing in breast and/or cervical health, or a physician or nurse practitioner who works for a cancer diagnostic or treatment center.

***Limitation:***

Reimbursement for cervical specialist consultation following abnormal results is limited to one cervical referral per client per contract year.

### Specialist Consultation Reminder

- Retain a copy of the consult in the client's chart. Do not submit a copy to SMHW.

### Not Considered a Specialist Consultation

- Referral to the same screening examiner **is not** a specialist consultation.
- Referral for the standard/routine follow-up, such as a colposcopy by a nurse practitioner for a LSIL, is not eligible for a specialist consultation. (The appropriate follow-up is known; therefore, referral for a specialist consultation to determine the management of the problem is not required).

***Limitation:***

If the provider requests reimbursement for a specialist consult on the same day as the colposcopy, information **must be** included in the comments as to why the specialist consult is being billed (i.e., a "cervical wash" was done to verify pap test results prior to proceeding to colposcopy). SMHW will not reimburse for the specialist consult if a rationale is not included and no additional procedure is completed.

## Diagnostic Services Available

### ATTENTION:

Complete cervical diagnostic services within **60 days** unless there is an exception.

### Pap Test Exceptions

- An allowable exception is to extend the diagnostic follow-up interval to **90 days** for women with an abnormal pap test result of ASC-H or worse, including “Presumed abnormal.”
- An exception in **counting the number** of days has been made for women referred into the program for diagnostic evaluation after an abnormal pap test result is received from a non-SMHW provider. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial pap test.

### LIMITATIONS FOR DIAGNOSTIC SERVICES

#### Cervical Cancer

- Colposcopy without biopsy
- Colposcopy with cervical biopsy
- Colposcopy with endocervical curettage (ECC)
- Cervical biopsy (polypectomy)
- Endocervical Curettage (ECC)
- Endometrial biopsy  
*(NOTE: Colposcopy with endometrial biopsy can be reimbursed only if cervical and/or endocervical biopsies are performed during the colposcopy.)*
- Conization may be done by:
  - Cold knife *(refer client to BCCT/MO HealthNet if done as treatment)*
  - LEEP will only be reimbursed by SMHW if being performed for continued diagnostic work-up *(refer client to BCCT/MO HealthNet/ Medicaid if done as treatment)*
- - Specialist consultation

**Payment:** Paid services are at an outpatient rate only. SMHW program reimburses for services as indicated in Section 9 – Billing Guidelines.

**Protocols:** The frequency and type of services is at the discretion of the clinician based on current standards of practice and on the protocols included from ASCCP algorithms <http://www.asccp.org>.

---

## Guidelines for Cervical Diagnostic Services

---

If the repeat pap test is more than ten (10) months from the previous pap test, then the pap test should be part of a complete annual screening.

**NOTE:**

SMHW will not reimburse for more than two consecutive abnormal pap tests with a result of LSIL or ASC-US without further diagnostic testing, as recommended by the SMHW Advisory Board in July 2001.

### High-Risk Human Papillomavirus (HPV) Testing

- For five (5) years, the SMHW program will not reimburse for additional HPV testing if the initial pap result is negative.
- If the HPV is positive, refer to the ASCCP guidelines.

### Cervical Conization

- Conization by LEEP, or cold knife, is usually considered to be treatment and is covered by MO HealthNet BCCT. If colposcopy is inadequate, or the client is not eligible for BCCT, please call your RPC for additional instructions to meet the client's need.
- All LEEP and cold knife procedures qualify for presumptive eligibility for Presumptive Eligibility BCCT with a pap test result of, HSIL, AGC or worse followed by a colposcopy or tissue pathology, even if the tissue pathology is benign/CIN I.

**NOTE:**

SMHW funding pays for the colposcopy; LEEP and cold knife are typically paid by BCCT funding.

Algorithms for Cervical Diagnostic Services are available for viewing at  
<http://www.asccp.org/Default.aspx>.

## Yellow Cervical Form

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly and corresponds with the date of service. At the beginning of each grant year there are multiple versions of this form in MOHSAIC. Click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner.

**NOTE:**

The Cervical Diagnosis and Treatment Form (yellow cervical form – pages 10.14-.15) is to collect complete follow-up information for all clients with abnormal cervical screening results. Please order blank forms from SMHW by calling toll-free at 866-726-9926 or 573-522-2845.

- A blue screening form must accompany or precede the yellow cervical form. A SMHW or a non-SMHW provider must base the diagnostic service on an abnormal screening result.
- The CDC requires information from the yellow cervical form and is crucial for statistical reports and studies. Keep all information confidential.
- Enter the information on the original form into the MOHSAIC system. File all reported information in the client's record.
- Access MOHSAIC electronic forms at <https://healthapps.dhss.mo.gov/smhw/>.
- A copy of the yellow cervical form is located on pages 10.14-.15 or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at [support@health.mo.gov](mailto:support@health.mo.gov).

**ASCCP Algorithms are available online in PDF format in English and Spanish. Visit**  
<http://www.asccp.org/screening-guidelines>.

The 2020 Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors are available online at <http://www.asccp.org/guidelines>. This is an additional reference tool when the ASCCP Algorithms directs you to “Manage per ASCCP Guidelines.”





---

## Alert Value Follow-up

---

The MOHSAIC electronic reporting system produces lists of clients and the SMHW providers who reported abnormal, suspicious for cancer results. The RPCs receive these lists at least weekly. The RPCs check the MOHSAIC reporting system to determine if follow-up is timely. If no information is entered into MOHSAIC regarding the necessary follow-up, the RPC will contact the provider to ensure that follow-up has occurred and that it will be reported by the provider; or, if the provider or client is experiencing difficulty in completing the follow-up, the RPC will assist in contacting the client or in finding appropriate resources.

### SMHW providers shall

- Implement some form of internal tracking and reminder system to ensure that SMHW clients who have abnormal breast test results suspicious for cancer receive further medical evaluation and treatment within **60 days**. This ensures that scheduling follow-up visits and procedures are complete and timely. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation difficulties.
- Implement some form of internal tracking and reminder system to ensure that women who have abnormal cervical test results receive further medical evaluation and treatment within **90 days**. This ensures that scheduling follow-up visits and procedures are complete and timely. In addition, monitor client attendance for appropriate follow-up. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation.
- Promptly notify the RPC via e-mail, telephone, or fax when a client is referred to Presumptive or Full BCCT in order to ensure timely and complete follow-up, complete and accurate tracking and documentation as such. Please report additional information to the RPC who can enter the information as needed, such as treatment of cancers found.
- SMHW requires **two** documented attempts for client follow-up.
  - Direct telephone communication is the most effective contact method.
  - If unable to reach client by telephone, a letter **must** be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
  - If no response after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.
  - Utilize a tracking system to ensure that clients show up for scheduled visits and receive the appropriate diagnostic or treatment services.
  - If clients do not keep follow-up appointments, implement attempts to reach the client for rescheduling the appointment by telephone or by mail within **30 days**.
  - If the client is no longer reachable or attempts to contact the client fail, please inform the RPC for that provider's area within **30 days**.

### Cervical situations that require follow-up within 90 days include:

- “**Diagnostic work-up planned**” is marked on any of the reporting forms for abnormal cervical findings.
- “**Referred for diagnostic testing**” is marked on the blue screening form or the yellow cervical form for abnormal cervical findings.
- Yellow cervical forms that are marked with “**abnormal suspicious for cancer results**”, or are marked as “**positive for cervical cancer**”, require the “Status of Final Diagnosis section B” to be completed.

Any diagnostic result on the diagnostic form that has an “\*” in Section B requires a Final Diagnosis be marked in Section C.

Final Diagnostic Results in Section B or C that indicate malignancy need to have Section D Cervical Treatment completed with the status of treatment, type of treatment, treatment facility, and date treatment started inserted.

**NOTE:**

If clinician recommends other clinical protocol to be considered, please contact the SMHW RPC or the central office SMHW staff toll-free at 866-726-9926. ASCCP guidelines are considered to be typical guidelines and not definitive practice standards appropriate for every situation.

---

## MO HealthNet BCCT Act

---

MO HealthNet Breast and Cervical Cancer Treatment Act .....	7.1
Basic BCCT Act Eligibility Guidelines.....	7.2
BCCT Temporary MO HealthNet Authorization Letter (Presumptive Eligibility)	
BCCT MO HealthNet Application (Extended BCCT coverage) Extending MO HealthNet Treatment Eligibility beyond the presumptive period	
Instructions to Transfer a client from another state BCCT Program	
MO HealthNet Treatment Services Covered .....	7.6
Covered Services	
SMHW Provider Responsibilities.....	7.7
SMHW Regional Program Coordinator BCCT Responsibilities.....	7.8
Family Support Division Responsibilities.....	7.9



---

## MO HealthNet Breast and Cervical Cancer Treatment Act

---



Beginning in October 2000, signed federal legislation allows funded programs in the NBCCEDP to participate in the MO HealthNet BCCT Act. In July 2001, Governor Bob Holden signed legislation authorizing matching funds for Missouri to participate in the Missouri Medicaid program, now known as the MO HealthNet program, effective August 28, 2001. (State Statute RSMo Section 208.151 [25] is available at <https://revisor.mo.gov/main/OneSection.aspx?section=208.151&bid=47992&hl=208.151.%u2044>.)

Most women who receive a SMHW paid screening and/or diagnostic service, and are found to need treatment for breast and/or cervical cancer or a precancerous condition, may be eligible for BCCT in Missouri.

Once a client is enrolled into BCCT, they are qualified for full MO HealthNet benefits, as well as medical services for cancer care. Please note there is also transportation assistance available for the client enrolled in BCCT. Eligibility criteria for MO HealthNet are based on need. Details for BCCT are at <http://dss.mo.gov/mhd/general/pages/about.htm>.

## Basic BCCT Act Eligibility Guidelines

Those who are eligible for the BCCT program **must be enrolled** in the SMHW program prior to tissue biopsy and have screening or diagnostic test paid by SMHW.

- A Missouri resident.
- A female.
- Under the age 65.
- Social Security Number; and
- Citizenship or Qualified Alien Status.
- Diagnosed with breast and/or cervical cancer or cervical precancerous condition through SMHW,
- Need treatment for breast and/or cervical cancers or precancerous conditions **as listed below**.

**NOTE:**

Routine monitoring by a physician does not qualify as treatment.

### BREAST CANCER DIAGNOSIS

**Requires a tissue biopsy diagnosed by a pathologist  
with one of the following**

- Ultrasound result of “suspicious abnormality” (BI-RADS category 4) or “highly suggestive of malignancy” (BI-RADS category 5)
- Carcinoma in situ
- Invasive breast cancer

**NOTE:** If there is not a breast cancer diagnosis after a performed biopsy, the client will no longer be eligible for BCCT and will return to SMHW.

CERVICAL CANCER DIAGNOSIS	
<b>Requires a tissue biopsy diagnosed by a pathologist with one of the following to be eligible for BCCT:</b>	
<ul style="list-style-type: none"> <li>• CIN 2/moderate dysplasia</li> <li>• CIN 3/severe dysplasia</li> <li>• CIS or AIS</li> <li>• Invasive cancer</li> </ul>	
<p><b>Note:</b> Clients with a pap result of High-grade Squamous Intraepithelial Lesion (HSIL), Squamous Cell Cancer, or Atypical Glandular Cells (AGC) are eligible for Presumptive Eligibility, and requires a colposcopy tissue biopsy. Bill the colposcopy to SMHW for reimbursement.</p>	

## BCCT Temporary MO HealthNet Authorization Letter Presumptive Eligibility

The BCCT Temporary MO HealthNet Authorization letter (page 10.16 or download at: <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>), also referred to as presumptive eligibility (PE), provides temporary and immediate full MO HealthNet benefits. Clients must meet basic BCCT eligibility guidelines (above) to qualify for PE.

MO HealthNet determines the date PE begins. Typically, PE coverage begins on the date of the procedure or diagnostic test that indicate either a precancerous condition or cancer of the breast and/or cervix by tissue pathology that determined the client is eligible for BCCT (pages 7.2-.3).

In order for a SMHW client to obtain PE, e-mail the completed BCCT Temporary MO HealthNet Application (page 10.16) to the MO HealthNet Service Center, Greene County Family Support Division (FSD) (page 7.4). The client receives a copy of the BCCT Temporary MO HealthNet Authorization Letter. An additional copy is retained for the client's record. Notify the RPC of eligible clients. This procedure allows for minimal delays for women in receiving the necessary treatment indicated.

Submit the previously noted documentation for MO HealthNet to determine the date PE begins. PE coverage continues until the earlier of the following dates:

- The last day of the month following the PE decision, if the client does not submit an application for regular BCCT MO HealthNet coverage (page 10.17)

**OR**

- The date the client is determined ineligible or eligible for BCCT MO HealthNet.

## **BCCT MO HealthNet Application (Extended BCCT coverage) Extending MO HealthNet Treatment Eligibility beyond the presumptive period**

For evaluation of continued MO HealthNet coverage, submit the (extended) BCCT MO HealthNet Application form for medical assistance to the FSD's MO HealthNet Service Center at time of cancer diagnosis.

The client must meet the basic BCCT guidelines (page 7.2) and:

- Have a Social Security number,
- Be uninsured or underinsured for breast or cervical cancer treatment,
- Show proof of citizenship/alien status, and
- Submit a completed, signed (extended) BCCT MO HealthNet Application form to the MO HealthNet Service Center via Greene County FSD.

### **MO HealthNet Service Center**

FSD Customer Relations Unit  
101 Park Central Square  
Springfield, MO 65806

**E-mail:**

[Greene.CoDFSIM@dss.mo.gov](mailto:Greene.CoDFSIM@dss.mo.gov)

**Fax:** 417-895-6098

**Alternate Fax:** 417-895-5790

It is important for providers to assist clients in completing and e-mailing the Missouri BCCT MO HealthNet Application for medical assistance as soon as possible (refer to page 10.17). SMHW providers e-mail a copy of the application/temps/etc. to [Greene.CoDFSIM@dss.mo.gov](mailto:Greene.CoDFSIM@dss.mo.gov). The forms will then be forwarded to the appropriate person. E-mailing the forms are preferable, if unable to utilize e-mail, please fax the form to 417-895-6098 or 417-895-5790 and mail the paper copies to 101 Park Central Square, Springfield, MO 65806. Please see the address listed to the right. Application related questions can be addressed by calling 888-275-5908.

Upon review of the application, and if the client is determined eligible for BCCT MO HealthNet coverage, full MO HealthNet benefits will continue until the treating physician determines treatment for the breast or cervical cancer is complete.

**Copies of the BCCT forms are located in Section 10 or downloadable at:**

<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>

**NOTE:**

Routine monitoring by a physician does not qualify as treatment.

Clients determined ineligible for BCCT medical assistance may receive, with prior authorization from SMHW, a cervical conization by LEEP or cold knife.

## **Instructions to Transfer a client from another state BCCT Program:**

- The client should complete the Full BCCT MO HealthNet Application Form (page 10.17)
- Complete the Certification of Need for Treatment Form (pages 10.18-.19)
- Provide the clinic's name and telephone number as contact information to MO HealthNet. Information is used to verify enrollment in the Breast and Cervical Program of that state.
- E-mail all documentation to MO HealthNet Service Center at [Greene.CoDFSIM@dss.mo.gov](mailto:Greene.CoDFSIM@dss.mo.gov).

### **OR**

- Fax, if necessary, to 417-895-6098 or 417-895-5790, and mail all paper copies to:

FSD Customer Relations Unit  
101 Park Central Square  
Springfield, MO 65806



---

## MO HealthNet Treatment Services Covered

---

### Covered Services

- Cervical conization
- LEEP or cold knife - if a client received a pap test diagnosis of HSIL or worse, or colposcopy test diagnosis of moderate dysplasia or worse
- Incisional and/or Excisional breast biopsy - if ultrasound result is category 4 (suspicious abnormality) or category 5 (highly suggestive of malignancy)
- Incisional and/or Excisional breast biopsy - if fine needle aspiration, core needle, or stereotactic biopsy result is malignant
- Breast Cancer Treatment is indicated including chemotherapy, surgery, radiation, and breast reconstruction
- All other MO HealthNet covered medical services, including services not related to the breast or cervical cancer

**NOTE:**

MO HealthNet services may be subject to prior authorization procedures and limitations. Full MO HealthNet benefits will continue until the treating physician determines treatment for cancer is complete.

---

## SMHW Provider Responsibilities

---

- Notify client of diagnosis and recommended follow-up (preferably in person). If a specialist is treating the client, ensure that the client received the diagnosis and recommended follow-up.
- Explain the BCCT program and application processes to the client.
- Determine client's presumptive eligibility; complete the BCCT Temporary MO HealthNet Authorization letter (page 10.16).
- E-mail the letter to the FSD's MO HealthNet Service Center within five days of BCCT qualifying test results or diagnosis.
- When MO HealthNet coverage is needed beyond the temporary PE period, assist the client in completing and signing the (extended) Missouri BCCT MO HealthNet Application (page 10.17) or download at:  
<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.  
Ensure:
  - The client receives a copy of the completed application form.
  - A copy of the completed form is retained in the client's medical record.
  - Verify dates included on eligibility documents are correct before sending to MO HealthNet Service Center.
  - Submit the application to the MO HealthNet Service Center for application evaluation as soon as possible after cancer diagnosis.
  - FSD's MO HealthNet Service Center shall evaluate the application of each client for other MO HealthNet programs the client may be eligible to receive.
- Notify the SMHW RPC of clients who become eligible for the BCCT MO HealthNet Treatment program. The RPC will track the treatment provider's name, date that the client's treatment regimen started and the type of treatment initiated.
- Ensure entry of the client's history and abnormal screening forms into the MOHSAIC reporting system prior to submitting the BCCT application forms. Utilize the Department Client Number (DCN) assigned to the client when entering the SMHW green history form (page 10.8-.9) into MOHSAIC.
  - This number serves as the MO HealthNet client number for the temporary PE letter and the full BCCT application for benefits.
- Submit date treatment was initiated, type of treatment that was started, and name of treatment provider by completing Section D on the purple breast form, and/or Section D on the yellow cervical form.
- Check the "yes" box in Section A of the SMHW purple breast or yellow cervical form(s) when BCCT services initiated.

**NOTE:**

A FSD Certification of Need for Treatment Form (BCC-2, page 10.18) may be given to a treating clinician by the patient for additional information. This form is necessary for the continued coverage of the patient by the BCCT program.

---

## SMHW Regional Program Coordinator BCCT Responsibilities

---

### Regional Program Coordinators will:

- Check with client to assess status of the client's cancer treatment upon request from FSD's MO HealthNet.
- Assure treatment initiated and documented in MOHSAIC.
- Inform FSDs MO HealthNet of the following:
- Follow-up biopsy result that does not document cancer diagnosis. In these cases, typically the PE BCCT has been issued for results of ultrasound category 4, category 5, or for HGSIL Pap smear result and the biopsy obtained during the PE timeframe is benign. No treatment is needed, so the extended full BCCT application does not need to be approved,
- Continue to track client's BCCT treatment status and plan of care for breast and/or cervical cancer. MO HealthNet eligibility ends when treatment for the breast and/or cervical cancer is completed. After the MO HealthNet eligibility end date is documented, SMHW annual services can be offered to the client if all areas of eligibility are met,
- Date client gains insurance coverage,
- Date client moves out of state,
- Date client is determined lost to follow-up after documented attempts by the provider and RPC to inform and assist client with barriers to care, or
- Date client refuses care (signed waiver form or certified letter returned).



---

## **Family Support Division Responsibilities**

---

- Enter BCCT Temporary MO HealthNet Authorization letter for presumptive eligibility in the FSD system upon receipt from SMHW provider.
- Enter Missouri BCCT MO HealthNet Application for medical assistance into the FSD system upon receipt from client or the SMHW provider.
- Determine MO HealthNet eligibility for breast and/or cervical cancer treatment and other MO HealthNet programs.
- Report eligibility determination result to the client and the appropriate SMHW provider or RPC.
- After establishment of MO HealthNet approvals for breast and/or cervical treatment, track client's need for continued treatment and continued enrollment in MO HealthNet.
- Request the treating physician's plan of care for breast and/or cervical cancer treatment.
- Utilize SMHW RPC for assistance, if needed.
- Terminate breast and/or cervical cancer treatment eligibility after treatment is completed.
- Notify client and SMHW provider or RPC of termination of breast and/or cervical cancer MO HealthNet treatment eligibility.
- Provide tracking for initial treatment type and date to the SMHW RPC.

---

**Direct questions concerning MO HealthNet treatment for SMHW to  
SMHW toll-free 866-726-9926 or 573-522-2845  
OR  
State of Missouri FSD MO HealthNet Service Center  
Toll-free 888-275-5908  
<http://dss.mo.gov/fsd/>**

---

---

# Performance Indicators

---

Performance Indicators .....8.1

Quality Assurance .....8.2

    Quality Assurance Follow-Up

    Quality Assurance Provider Expectations

    Client Rights

    Intake and Eligibility Guidelines

    Screening and Diagnostic Protocols

    Clinic Management

SMHW Quality Assurance Form .....8.5



## Performance Indicators

The CDC evaluates the SMHW program's ability to meet established core program performance indicators. Performance indicators are evaluated from the Minimum Data Elements (MDEs) submitted by DHSS every October and April. MDEs are standardized data elements that provide consistent information on patient demographics, screening results, education, diagnostic procedures, and treatment information. Collect MDEs on women screened and/or diagnosed with program funds. Obtain MDE data from the history, assessment, screening, and diagnostic reports entered into the MOHSAIC system.

SMHW CORE PROGRAM PERFORMANCE INDICATORS		
Indicator Type	Program Performance Indicator	CDC Standard
Screening	Initial program pap tests never screened	≥ 20%
	Screening mammograms provided to women over age 50	≥ 75%
Cervical Cancer Diagnostic Indicators	Abnormal screening results with complete follow-up	≥ 90%
	Abnormal pap screening results (ASC-H or worse, including 'presumed abnormal'); time from screening to diagnoses > 90 days	≤ 25%
	Treatment started for diagnosis of high-grade squamous intraepithelial lesion (HSIL), cervical intraepithelial neoplasia (CIN) CIN 2, CIN 3, carcinoma in situ (CIS), Invasive	≥ 90%
	HSIL, CIN 2, CIN 3, CIS; time from diagnosis to treatment > 90 days	≤ 20%
	Invasive carcinoma; time from diagnosis to treatment > 60 days	≤ 20%
Breast Cancer Diagnostic Indicators	Abnormal screening results with complete follow-up	≥ 90%
	Abnormal screening results of clinical breast exam (CBE), mammogram or ultrasound; time from screening to diagnosis > 60 days	≤ 25%
	Treatment started for breast cancer	≥ 90%
	Breast cancer; time from diagnosis to treatment > 60 days	≤ 20%

---

## Quality Assurance

---

The goal of the Quality Assurance (QA) program component is to assure that appropriate services are provided to each client and that program funds are utilized as required by program protocols. QA activities ensure high-quality medical standards of care are provided to women receiving SMHW and WISEWOMAN screenings, diagnostic and education services, as well as referrals for treatment when appropriate.

DHSS monitors and evaluates the quality and appropriateness of client care using the following QA activities:

- Incorporating data edits in the MOHSAIC electronic reporting system that limit the reporting of inappropriate and inaccurate client service records.
- Reviewing electronically submitted client service reports for compliance to standards of care prior to approval for reimbursement.
- Tracking alert values (abnormal testing results) to assure clients' receive appropriate diagnostic services and access to treatment, if needed.
- Performing initial on-site QA monitoring at each new SMHW and WISEWOMAN provider six months after first client is served and every two years thereafter. Scheduled QA monitoring occurs at any time deemed necessary by DHSS staff because of questionable reports (page 8.5).
- Providing training and technical assistance to providers to improve quality of care based on results of QA monitoring.
- Evaluating client and provider expectations.

### Quality Assurance Follow-up

At the time of the provider's on-site review, technical assistance is provided by the RPC to clarify or demonstrate any points of confusion. After the on-site review, follow up with a post-review letter describing any areas needing improvement. Follow-up may be conducted to review success in instituting the recommended improvements. If the RPC determines a provider has consistently not met the program clinical standards, the provider is asked to complete a corrective action plan. Typically, the RPC conducts another review in six (6) months to ensure implementation of the corrective plan and the provider is working to resolve the problem.

### Quality Assurance Provider Expectations

QA monitoring will monitor providers' compliance with the following expectations:

## **Client Rights**

- Privacy
- Confidentiality
- Access to test results
- Follow-up of medical problems through referrals, diagnosis and treatment
- Client will not be held financially responsible if identified as a SMHW client
- Access to an interpreter
- Treatment per Civil Rights Act
- Treatment per Americans with Disabilities Act

## **Intake and Eligibility Guidelines**

- Staff knowledge of SMHW/WISEWOMAN eligibility guidelines
- Procedure to screen and identify clients
- Annual review of clients for continued eligibility

## **Screening and Diagnostic Protocols**

- Screening includes pelvic exam, pap test, CBE, and mammogram, if appropriate
- Standards and protocols for follow-up
- Procedure to track clients with abnormal results, including:
  - Name of client
  - Test
  - Date test completed or missed appointments rescheduled
  - Results and that client is notified of results
  - Referrals including tracking that appointments were kept or rescheduled
  - Follow-up visit dates, if needed
  - Documentation of complete Plan of Care/Treatment to include facility, treatment start dates and treatment type
  - Disposition of client status regarding follow-up, refusals of treatment or diagnostic testing recommended. Report to the RPC problems with missed appointments, lost to follow-up or refusals, in a timely manner



## Clinic Management

- Staff is trained and familiar with provider guidelines
- Policy and procedures are in place for billing and filing forms
- Procedure to track amount of program funds is in place
- Maintain professionally licensed or certified staff to perform program activities
- Notify SMHW Central Office including RPC of staffing changes promptly regarding need for provider or rescinding clinic staff MOHSAIC access and to schedule SMHW trainings for new hires
- Track clients who receive screening and diagnostic results to provide complete case management from the initiation of care to the end of the plan of care
- If missed appointments or refusals of follow-up recommendations occur, make attempts to contact the client to reschedule and let the RPC know about situations regarding missed or refused follow-up
- The facility is clean with appropriate space for screening
- There is an in-house plan for quality checks at regular intervals
- Provide Navigation Services for women who have not been screened.
  - A minimum of two documented client visits, and
  - A completed navigation form in the record is required.



### SMHW/WW QUALITY ASSURANCE FORM

Provider Name:		QA Reviewer:		Date:	
SMHW/WW monitoring <input type="checkbox"/>	SMHW monitoring only <input type="checkbox"/>	6 Month New provider <input type="checkbox"/>	2 year biennial monitoring <input type="checkbox"/>	Re-monitor <input type="checkbox"/>	
Mammography unit name:			Cytology Lab name:		
Professional staff name and title of those conducting screenings:					
Name/Title:			Name/Title:		
Name/Title:			Name/Title:		
There are qualified SMHW/WW trained staff for all phases of service:			The provider site has a clean and inviting environment:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
There is an Internal QA program for SMHW/WW services:			SMHW/WW manual available either hard copy or on line:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
SMHW/WW materials are prominently displayed:			System in place to assure follow-up of abnormal and alert values:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		

#### CHART MONITORING RESULTS

Charts requested: \_\_\_\_\_ Charts available: \_\_\_\_\_

Use: X= Done O = Not Done NA = Not Applicable D = Declined to document each client chart result.

Criteria Monitored		% req.	Chart complete	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Chart 11	Chart 12	Chart 13	Chart 14	Chart 15	Chart 16	Chart 17	Chart 18	Chart 19	Chart 20
Eligibility	Copies of proof of age (proof of age is only expected once while SMHW client)	50																					
	Copies of proof of income updated annually	50																					
	SMHW/WW Eligibility Agreement Form signed annually	50																					
	History form (green) updated annually	50																					
Screening and Reports	Physical exam = submitted information	80																					
	Mammogram scheduled if eligible.	80																					
	Clients with disease level blood pressure (>140/90) receive referrals for medical follow-up	100																					
	WW Lab results equal submitted results	80																					
	Client notified of SMHW test results	80																					
Follow-Up	Documentation that client notified of WW screening/risk factor results in writing and verbally	80																					
	Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral	80																					
Billing-Reporting	Procedures and results submitted to SMHW/WW equal information in chart	80																					

Comments:

---



---



---



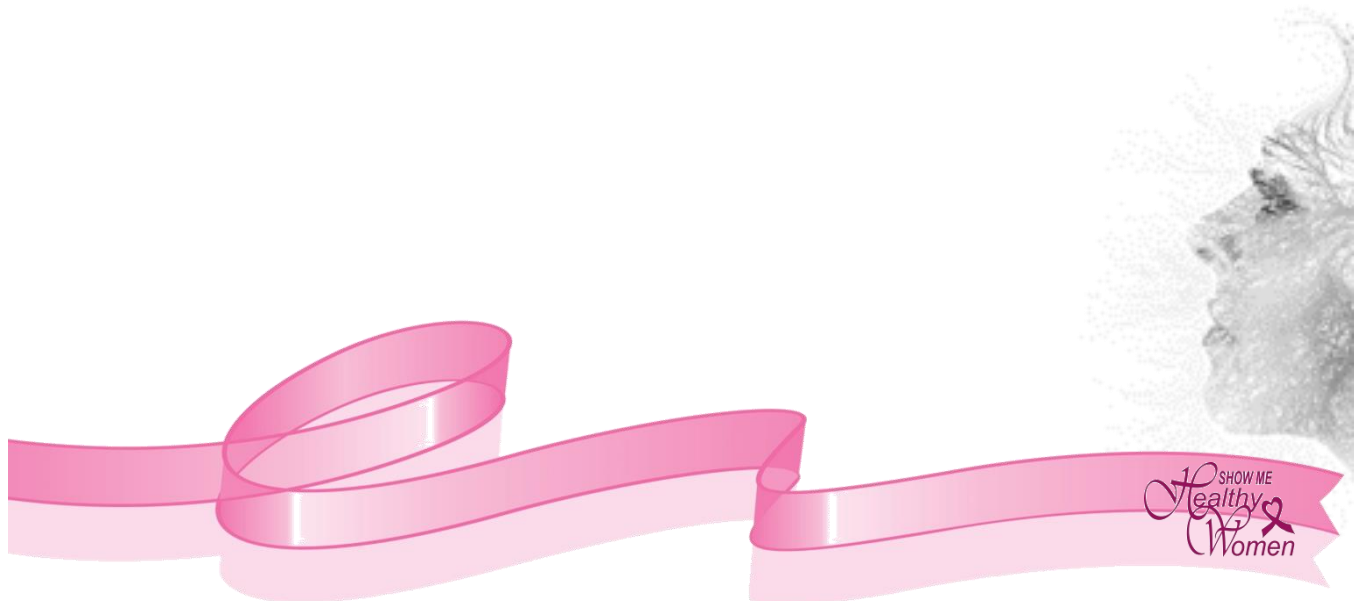
---

---

## Billing Guidelines

---

Billing Guidelines.....	9.1
Provider Reimbursement Guidelines	
Reasons for Denial	
Providers will not receive reimbursement under the following circumstances	
Insurance Guidelines.....	9.3
Administrative Referral Fee.....	9.4
Direct Billing Diagnostic Providers.....	9.5
Mammography Van Billing Guidelines.....	9.5
Screening/Referring Provider Responsibilities .....	9.6
Direct Billing Diagnostic Provider Responsibilities .....	9.6
Breast & Cervical Reimbursement Rates by CPT Codes.....	9.7



---

## Billing Guidelines

---

The billing guidelines for the DHSS SMHW and providers outlined in this section are effective June 30, 2021.

**ATTENTION:**

Providers are responsible for tracking their funding amounts. When 80 percent of the provider total for SMHW funds is expended, contact the SMHW office to request an amendment to increase funding.

**Fax Request To: 573-522-3023**

**E-mail To: SMHW Manager**

### Provider Reimbursement Guidelines

The guidelines for provider reimbursement are in accordance with the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354. Congress amended the NBCCEDP Public Law 10-354 in 1993 to create the WISEWOMAN Program. The conditions and requirements are:

- DHSS/SMHW is the payer of last resort,
- DHSS reimbursements are considered payment in full,
- Service providers and their subcontractors shall not charge the client for **any** screening/diagnostic services reimbursable by DHSS,
- DHSS clients shall not be charged any administrative fees,
- When services other than the breast and cervical cancer screenings/diagnostics are performed, and/or the WISEWOMAN cardiovascular risk assessment, documentation shall be provided that verifies the client was notified in advance of these services and their cost, and
- DHSS will cover only outpatient services.

### Reasons for Denial

**Resubmission for denied service will only be considered one time.** Submit questions pertaining to client's data reporting form for service denied/adjusted to the DHSS by telephone toll-free at 866-726-9926 or 573-522-2845, or fax to 573-522-3023. Denial will be explained or reconsidered.

No further resubmission will be accepted after the second denial.

**Providers will not receive reimbursement under the following circumstances:**

- Services are provided to ineligible women
- Standards outlined in the Provider Manual as stated in Sections 4, 5 and 6 are not met  
Examples:
  - Rescreen CBE after diagnostic work-up will not be reimbursed unless the original screening CBE was abnormal.
  - Rescreen pap test does not follow ASCCP guidelines.
- Breast and/or cervical screening services are incomplete
- Mammography, ultrasound and/or pap test results are reported as unsatisfactory. In the case of unsatisfactory results, the test must be repeated and the results reported to SMHW
- Required client and completed reporting forms are not submitted to SMHW within **90 days** of service, with the exception of filing with client's insurance, which must be submitted within 30 days from receipt of the Explanation of Benefits (EOB)
- If information is submitted after the closing date for grant year, it cannot be reimbursed by SMHW/WISEWOMAN or billed to client

---

## Insurance Guidelines

---

- If the client has insurance, the provider shall first bill the client's insurance company for services received.
- Women who meet the SMHW guidelines and have private insurance or enrolled in PPOs, but who are financially unable to pay the deductible or co-payment, are eligible for SMHW.
- The client's insurance **must** be billed first; then include the insurance payment amount made to the facility for the covered procedures in the "Comments" section on reporting forms when billing DHSS. SMHW will only reimburse up to the total amount allowed for the procedure per program guidelines. **The total amount allowed and reimbursed by SMHW for each CPT includes any payments received from insurance, not in addition to insurance payments.**
- In MOHSAIC, under comments, please indicate what insurance provider paid for each procedure in detail by SMHW Approved CPT Code and descriptive line item. For example, \$50.00 for pathology (CPT 88305), \$40.00 for mammogram, (CPT 77067) and \$250 for percutaneous breast biopsy with stereotactic guidance (CPT 19081). Show Me Healthy Women procedures will only reimburse at the contracted program amount which is based on current MEDICARE reimbursement rates (Missouri 01).
- Provider must retain a copy of documentation of the EOB, deductibles or co-payment requirements in the client's chart along with a copy of the client's insurance card. It is the responsibility of the provider to keep a copy of the insurance EOB in the clients' files for quality monitoring.
- The payment received by Show Me Healthy Women is based on Show Me Healthy Women contract rates, **not** the rate of a commercial insurance company, or public. Show Me Healthy Women payment is NOT based on the clients' out-of-pocket responsibility as stated in the insurance EOB. SMHW payment is determined based on the amount the insurance carrier pays the provider for each procedure/CPT code.
- SMHW Providers and their subcontractors **cannot bill** a SMHW client for any SMHW/WW services.
- Women enrolled in prepaid/managed care and health plans (such as HMOs, POS and MO HealthNet Managed Care [formerly MC+]) are not eligible for SMHW services.
- For additional information about clients with insurance, refer to page 3.2.

**NOTE:**

SMHW will only reimburse up to the total allowed by SMHW for that procedure. The total amount allowed and reimbursed by SMHW for each CPT includes any payments received from insurance, not in addition to payment received.

---

## Administrative Referral Fee

---

An administrative referral fee is billable for the following:

- When a SMHW client receives a screening from a clinician that is not a SMHW provider, the SMHW provider must submit to the program the patient history and screening forms containing the screening results from the non-SMHW provider as “Reporting Only”
- Administrative referral fee will be paid one time per client, per provider, during an annual screening cycle
- Direct billing providers may bill an administrative referral fee if the client was referred from another provider for a screening mammogram or diagnostic services
- Bill the administrative referral fee on the blue screening form (pages 10.10-.11) or diagnostic forms (pages 10.12-13).



**NOTE:**

If your facility bills SMHW for the screening, you cannot bill for the administrative referral fee. The reimbursement fees for SMHW office visits include the fee to complete paperwork and reimbursable once per annual screening cycle.

---

## Direct Billing Diagnostic Providers

---

SMHW has agreements with the following medical entities, referred to as direct billing diagnostic providers, to provide diagnostic services:

- Barnes Jewish Hospital, St. Louis—St. Louis City
- Barnes Jewish Hospital, St. Peters—St. Charles County
- Bothwell Regional Health Center—Pettis County
- Breast Healthcare Center (Missouri Baptist Hospital), St. Louis—St. Louis County
- Golden Valley Memorial Hospital, Clinton—Henry County
- Hannibal Clinic Operations LLC, Hannibal—Marion County
- Mercy Hospital Jefferson, Crystal City—Jefferson County
- Missouri Delta Medical Center, Sikeston—Scott County
- SSM DePaul Hospital, Bridgeton—St. Louis County
- SSM Health St. Clare Hospital, Fenton—St. Louis County
- SSM St. Joseph Health Center (breast only), St. Charles—St. Charles County
- SSM St. Mary's Health Center, Richmond Heights—St. Louis County
- SSM Health St. Mary's Hospital-Audrain, Mexico—Audrain County
- Mercy Hospital, St. Louis (David C. Pratt Cancer Center) (breast only)—St. Louis County
- Saint Louis University Cancer Center, St. Louis—St. Louis City
- Ste. Genevieve County Memorial Hospital, Ste. Genevieve—Ste. Genevieve County
- Truman Medical Center—Hospital Hill, Kansas City—Jackson County
- Truman Medical Center—Lakewood, Kansas City—Jackson County
- University of Missouri Hospital and Clinics—Ellis Fischel Cancer Center, Columbia—Boone County

---

## Mammography Van Billing Guidelines

---

Mammography van screen should coordinate with a clinical breast exam performed by a SMHW provider in order to meet quality care guidelines and program requirements. When billing for a mammogram only performed on a mammogram van, select the visit type as "Mammogram Only", mark the "Mammogram Van" box and complete "Section B5 Mammography provider facility" field. Include the name of the facility providing the van and include the word "Van" by the facility name. Example: Ellis Fischel Van.

Note: SMHW program reimburses the office visit of the provider performing the CBE for clients who have or had a mammogram on a mammography van. Each SMHW client should be referred to a primary care physician (PCP) for a CBE. (See Direct Billing Diagnostic Provider Responsibilities on page 9.6)



---

## Screening/Referring Provider Responsibilities

---

The screening/referring provider shall:

- Verify the client's eligibility for SMHW services according to the SMHW guidelines to include a signed and dated eligibility form (page 10.6).
- Assure that new SMHW clients complete a green history form (pages 10.8 [English] -10.9 [Spanish]).
- Complete/enter the blue screening form (pages 10.10-.11) with the screening results.
- Mammography Van, if a client presents at the mammography van and has not had a clinical breast exam (CBE) continue with screening services but refer them for primary care services so a CBE can be obtained. Document in Section D of the screening form.
- Call and make the appointment for the client with the direct billing diagnostic provider. Transmit copies of the enrollment history, eligibility form, and screening forms to the direct billers.
- Submit the green history and blue screening form information to SMHW as soon as possible with the appropriate billing or reporting-only information. If not, delayed payment for both screening and diagnostic services may occur.
- Share copies of the client's notations and procedures with the referring practitioner.

---

## Direct Billing Diagnostic Provider Responsibilities

---

The direct billing/diagnostic provider shall:

- Retain copies of the screening provider's information in their files. The copies should include the screening results, client eligibility form, and history form.
- Provide the necessary diagnostic services.
- Complete a purple breast form (pages 10.12-.13), or a yellow cervical form (pages 10.14-.15), or a blue screening form (pages 10.10-.11), if a screening mammogram was performed. Submit data to SMHW.
- Send copies of the medical and pathology reports back to the referring screening provider. To ensure appropriate follow up, document the client has been notified of their results and maintain this information in the client's medical record.

The direct billing and screening provider shall coordinate case management services of SMHW clients. Interruption of timely diagnostic services occurs with missed appointments. Reschedule missed appointments promptly.

## Breast & Cervical Reimbursement Rates by CPT Code

June 30, 2021 to June 29, 2022

A CPT code followed by TC indicates technical component. A CPT code followed by the number 26 indicates professional fee. All payments are based on Missouri Medicare 01 Rates.

### SCREENING REPORT FORM

	CPT Codes	SMHW Rate	Description
<b>Referral Fee</b>		\$ 25.00	Only one per client, per year, when office visit not paid
<b>Office Visits</b>	99203	\$ 103.95	New patient – office visit – <b>detailed</b> history, detailed exam, decision-making; 30-44 minutes (initial)
	99202	\$ 67.51	New patient – office visit – <b>expanded</b> problem focused history, and expanded problem focused exam, straightforward-decision-making; 15-29 minutes, -(initial-CBE only)
	99212	\$ 52.90	Established patient – office visit – <b>expanded</b> problem history and exam, straightforward decision-making; 10-19 minutes (for repeat pap test and CBE)
	99212A	\$ 52.90	Established patient – office visit – 10-19 minutes (CBE only annual)
	99213	\$ 84.99	Established patient – office visit – <b>expanded</b> history, exam, straightforward decision-making; 20-29 minutes (annual screening that includes CBE and pelvic exam)
<b>Mammography</b>	77067	\$ 121.93	Screening mammogram, bilateral (2 view film study of each breast with computer aided detection) (#77067TC \$87.91/ #7706726 \$34.03)
	77066	\$ 150.78	Mammography, diagnostic follow-up, bilateral with computer aided detection (#77066TC \$106.25 / #7706626 \$44.53)
	77065	\$ 119.42	Mammography, diagnostic, digital, unilateral with computer aided detection (#77065TC \$83.16 / #7706526 \$36.26)
<b>Tomosynthesis</b>	77063	\$ 50.13	Screening digital breast tomosynthesis, bilateral. Must be listed separately in conjunction with CPT code #77067 (#77063TC \$23.41, #7706326 \$26.72)
	G0279	\$ 50.13	Diagnostic digital breast tomosynthesis unilateral or bilateral. Must be listed separately in conjunction with either code #77065 or code #77066 (G0279TC \$23.41, G027926 \$26.72)

<b>Pap Smear &amp; HPV</b>	88164	\$	15.15	Cytopathology (conventional pap test) slides, cervical, or vaginal reported in Bethesda System, manual screening under physician supervision
	88142	\$	20.26	Cytopathology (liquid-based pap test), cervical or vaginal, collected in preservative fluid, automate thin layer preparation; manual screening under physician supervision
	87624	\$	35.09	Infectious agent detection by nucleic acid (DNA/RNA) Human Papilloma Virus (HPV), high risk type
	87625	\$	40.55	HPV, types 16 and 18 only. Reflex test

#### Addendum:

HPV DNA testing is a reimbursable procedure if used in conjunction with pap testing or for follow-up of an abnormal pap result or surveillance as per ASCCP guidelines.

The CDC will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. The CDC funds cannot be used for reimbursement of genotyping (e.g., Cervista HPV 16/18).

#### Screening MRI: High Risk\* Only

<b>Magnetic Resonance Imaging (MRI)</b>	77048	\$	357.27	MRI, breast, with and/or without contrast, unilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets the criteria.) See criteria listed below. <b>Must be preauthorized on an individual basis in advance of the procedure.</b> (#77048TC \$263.74/ #7704826 \$93.53)
	77049	\$	364.91	MRI, breast, with and/or without contrast, bilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets the criteria.) See criteria listed below. <b>Must be preauthorized on an individual basis in advance of the procedure.</b> (#77049TC \$262.48/ #7704926 \$102.44)

#### Criteria:

Breast MRI can be reimbursed by the NBCCEDP in conjunction with a screening mammogram when a client has a breast cancer gene (BRCA) mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20 to 25 percent or greater as defined by risk assessment models such as BRCAPRO, etc.. Breast MRI **should never be done alone** as a breast cancer screening tool. Breast MRI will not be reimbursed by the NBCCEDP to assess the extent of disease in a woman who is already diagnosed with breast cancer. **An MRI must be authorized in advance of the procedure. Authorization is determined on an individual basis.**

#### BREAST FORM

	CPT Codes	SMHW Rate	Description
<b>Referral Fee</b>		\$ 25.00	Only once per client, per year, when office visit not paid (Can be on any form – but one time, per client, per year)

<b>Mammography</b>	77065	\$	119.42	Mammography, diagnostic, digital, unilateral with computer aided detection (#77065TC \$83.16/ #7706526 \$36.26)
	77066	\$	150.78	Mammography, diagnostic follow-up, bilateral with computer aided detection (#77066TC \$106.25/ #7706626 \$44.53)
<b>Tomosynthesis</b>	G0279	\$	50.13	Diagnostic digital breast tomosynthesis unilateral or bilateral. Must be listed separately in conjunction with either code #77065 or code #77066 (G0279TC \$23.41, G027926 \$26.72)
<b>Ultrasound</b>	76641	\$	100.12	Ultrasound, complete examination of breast including axilla unilateral (#76641TC \$67.66/ #7664126 \$32.46)
	76642	\$	82.08	Ultrasound, limited examination of breast including axilla unilateral (76642TC \$51.85/ #7664226 \$30.23)
<b>Ductogram</b>	77053	\$	52.25	Mammary ductogram or galactogram, single duct (#77053TC \$36.03/ #7705326 \$16.22)
<b>Specialist Consultation</b>	99204	\$	156.27	Specialist consultation for breast; (New patient: <b>detailed</b> history, exam, straightforward decision-making; 45-59 minutes)
<b>Fine Needle Aspiration</b>	10021	\$	98.09	Fine needle aspiration biopsy without imaging guidance first lesion
	10005	\$	128.28	Fine needle aspiration biopsy with Ultrasound guidance first lesion
	10007	\$	294.33	Fine needle aspiration biopsy with Fluoroscopic guidance first lesion
	10009	\$	450.68	Fine needle aspiration biopsy with CT guidance first lesion
	10011	\$	450.68	Fine needle aspiration biopsy with MRI guidance first lesion
	10004	\$	48.08	Fine needle aspiration biopsy without guidance each additional lesion
	10006	\$	56.73	Fine needle aspiration biopsy with Ultrasound guidance each additional lesion
	10008	\$	156.06	Fine needle aspiration biopsy Fluoroscopic guidance each additional lesion
	10010	\$	264.68	Fine needle aspiration biopsy with CT guidance each additional lesion
	10012	\$	264.68	Fine needle aspiration biopsy with MRI guidance each additional lesions
	88172	\$	50.82	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) (#88172TC \$18.32/ #8817226 \$32.50)

	88173	\$	143.69	Cytopathology, evaluation of fine needle aspirate; interpretation and report (#88173TC \$79.34/ #8817326 \$64.35)
<b>Percutaneous Biopsy (Core Needle &amp; Stereotactic)</b>	19100	\$	149.55	Breast biopsy, percutaneous, needle core, not using imaging guidance
	19100	\$	64.46	Outpatient facility setting
	19081	\$	543.10	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion
	19081	\$	151.83	Outpatient facility setting
	19082	\$	435.72	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion
	19082	\$	76.08	Outpatient facility setting
	19083	\$	544.01	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; ultrasound guidance; first lesion
	19083	\$	143.56	Outpatient facility setting
	19084	\$	427.86	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion
	19084	\$	71.06	Outpatient facility setting
	88305	\$	65.39	Surgical pathology, gross and microscopic examination (#88305TC \$31.29/ #8830526 \$34.11)
		\$	500.00*	Facility fee, core needle biopsy when done in an outpatient facility setting
		\$	700.00*	Facility fee, stereotactic breast biopsy when done in an outpatient facility setting
		\$	700.00*	Facility fee, ultrasound guided breast biopsy when done in an outpatient facility setting
<b>Incisional Breast Biopsy</b>	19101	\$	323.93	Breast biopsy, open, incisional (no guidance)
	19101	\$	208.80	Outpatient facility setting
	76098	\$	39.26	Radiological examination, surgical specimen (#76098TC \$25.28/ #7609826 \$13.98)
	88305	\$	65.39	Surgical pathology, gross and microscopic examination (#88305TC \$31.29/ #8830526 \$34.11)
		\$	275.00	General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents)
		\$	1,100.00*	Facility fee, incisional breast biopsy, when done in an outpatient facility setting

<b>Excisional Breast Biopsy</b>	19120	\$	486.85	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions
	19120	\$	389.43	Outpatient facility setting
	19125	\$	537.40	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion
	19125	\$	432.07	Outpatient facility setting
	19126	\$	149.27	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion, separately identified by a preoperative radiological marker
	19281	\$	232.47	Placement of breast localization device, percutaneous; mammographic guidance; first lesion
	19281	\$	103.20	Outpatient facility setting
	19282	\$	166.22.	Placement of a breast localization device, percutaneous; mammographic guidance; each additional lesion
	19282	\$	45.40.	Outpatient facility setting
	19283	\$	256.74	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion
	19283	\$	91.94	Outpatient facility setting
	19284	\$	196.16.	Placement of a breast localization device; percutaneous; stereotactic guidance; each additional lesion
		\$	46.55.	Outpatient facility setting
	19285	\$	409.17	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion
	19285	\$	78.61	Outpatient facility setting
	19286	\$	346.14	Placement of a breasts localization device, percutaneous; ultrasound guidance; each additional lesion
	19286	\$	39.01.	Outpatient facility setting
	76098	\$	39.26	Radiological examination, surgical specimen (#76098TC \$25.28/ #7609826 \$13.98)
	88307	\$	266.78	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC \$191.60/ #8830726 \$75.18)
		\$	275.00	General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents)
		\$	1,650.00*	Facility fee, excisional breast biopsy, when done in an outpatient facility setting

<b>**Magnetic Resonance Imaging (MRI)</b>	<b>**77048</b>	<b>**\$ 357.27</b>	MRI, breast, with and/or without contrast, unilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets the criteria.) See criteria listed below. <b>Must be preauthorized on an individual basis in advance of the procedure.</b> (#77048TC \$263.74/#7704826 \$93.53) **Diagnostic MRI is a non-covered service with SMHW. If completed, choose as a Reporting Only option on the claim form.**
	<b>**77049</b>	<b>**\$ 364.91</b>	MRI, breast, with and/or without contrast, bilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets the criteria.) See criteria listed below. <b>Must be preauthorized on an individual basis in advance of the procedure.</b> (#77049TC \$262.48/ #7704926 \$102.44) **Diagnostic MRI is a non-covered service with SMHW. If completed, choose as a Reporting Only option on the claim form.**
<b>Patient Navigation</b>	<b>G9012</b>	<b>\$ 50.00</b>	Other specified case management service not elsewhere classified. <b>Must follow CDC guidelines as an individualized intervention providing eligible patients who have never been screened or not screened within the last 3-5 years.</b>

**NOTE:**

Facility fees include \$120.00 for supplies and miscellaneous costs.

\* This amount applies when performed service is in an outpatient facility setting and an additional facility fee is charged.

## CERVICAL FORM

	CPT Codes	SMHW Rate	Description
<b>Referral Fee</b>		\$ 25.00	Only once per client, per year, when office visit not paid (Can be on any form – but one time per client per year)
<b>Specialist Consultation</b>	99204	\$ 156.27	Specialist consultation for breast; (New patient: <b>detailed</b> history, exam, straightforward decision-making; 45-59 minutes)
<b>Colposcopy without Biopsy</b>	57452	\$ 119.47	Colposcopy of the cervix
<b>Colposcopy</b>	57454	\$ 160.49	Colposcopy of cervix, with biopsy and endocervical curettage (Endometrial biopsy can only be paid as pathology.)
<b>Polypectomy</b>	57500	\$ 149.20	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
	88305	\$ 65.39	Surgical pathology, gross and microscopic examination (#88305TC \$31.29/ #8830526 \$34.11)



<b>LEEP</b>	57522	\$	287.68	Loop electrode excision procedure (may be reimbursed as a diagnostic procedure, based upon ASCCP recommendations.) <b>Must be preauthorized on an individual basis in advance of the procedure.</b>
	88305	\$	65.39	Surgical pathology, gross and microscopic examination (#88305TC \$31.29/ #8830526 \$34.11)
	88307	\$	266.78	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC \$191.60/ #8830726 \$75.18)
<b>Cold Knife</b>	57461	\$	339.97	Colposcopy with loop electrode conization of the cervix (may be reimbursed as a diagnostic procedure, based upon ASCCP recommendations.) <b>Must be preauthorized on an individual basis in advance of the procedure.</b>
	88305	\$	65.39	Surgical pathology, gross and microscopic examination (#88305TC \$31.29/ #8830526 \$34.11)
	88307	\$	266.78	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC \$191.60/ #8830726 \$75.18)
<b>Endocervical Curettage</b>	57505	\$	141.92	Endocervical curettage (not done as part of dilation and curettage)
	88305	\$	65.39	Surgical pathology, gross and microscopic examination (#88305TC \$31.29/ #8830526 \$34.11)
	88307	\$	266.78	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC \$191.60/ #8830726 \$75.18)
<b>Patient Navigation</b>	G9012	\$	50.00	Other specified case management service not elsewhere classified. <b>Must follow CDC guidelines as an individualized intervention providing eligible patients who have never been screened or not screened within the last 3-5 years.</b>

**Note:**

Facility fees include \$120.00 for supplies and miscellaneous costs.

\* This amount applies when performed service is in an outpatient facility setting and an additional facility fee is charged.



---

## Forms

---

Forms	10.1
Client/Patient Navigation	
SMHW/WISEWOMAN Information Update	
SMHW Eligibility Agreement (English & Spanish)	
Green Patient History (English & Spanish)	
Blue Screening Report	
Purple Breast Diagnosis and Treatment	
Yellow Cervical Diagnosis and Treatment	
BCCT Temporary MO HealthNet Authorization	
BCCT Medical Assistance Application (Mo HealthNet)	
Certification of Need for Treatment – Breast/Cervical Cancer	
Request for Literature	



---

## Forms

---

The following pages contain sample forms associated with the SMHW and WISEWOMAN programs.

**All current forms are available on the web at:**

<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.

Direct any form related questions to the agency's RPC.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SHOW ME HEALTHY WOMEN (SMHW)  
**CLIENT / PATIENT NAVIGATION**

P.O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

ENROLLMENT SITE / SATELLITE (NAME AND ADDRESS)		NAVIGATOR NAME / DATE	
<b>A. PERSONAL DATA</b>			
NAME (LAST, FIRST, MIDDLE INITIAL)		PARTICIPANT ID	ID TYPE (CHOOSE ONE) Choose an item.
DATE OF BIRTH (MM/DD/YYYY)	CLIENT REFUSES NAVIGATION SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	CLIENT (CHOOSE ONE) <input type="checkbox"/> Moved away <input type="checkbox"/> Deceased <input type="checkbox"/> Unable to locate <input type="checkbox"/> Lost to follow-up	
<b>B. CLIENT ASSESSMENT</b>			
ASSESSMENT TYPE (CHOOSE ONE) Choose an item.		DATE OF ASSESSMENT (MM/DD/YYYY)	
TYPE OF CONTACT DURING ASSESSMENT (CHOOSE ONE) Choose an item.		LENGTH OF ASSESSMENT (CHOOSE ONE) Choose an item.	
TYPE OF NAVIGATION COMPLETED (CHOOSE ONE) Choose an item.		SERVICES NEEDED (CHOOSE ONE) Choose an item.	
<b>BARRIERS</b>			
SYSTEM BARRIERS (CHOOSE ALL THAT APPLY)			
<input type="checkbox"/> Healthcare provider is >50 miles	<input type="checkbox"/> Housing issue / homeless	<input type="checkbox"/> Lacks capacity to enroll in a health insurance plan	
<input type="checkbox"/> No healthcare provider	<input type="checkbox"/> No phone / invalid phone number	<input type="checkbox"/> Provider unable to bill insurance	
<input type="checkbox"/> Transportation schedule is inconvenient	<input type="checkbox"/> Unable to schedule an appointment	<input type="checkbox"/> Unable to take off work	
<input type="checkbox"/> Other _____			
FINANCIAL BARRIERS (CHOOSE ALL THAT APPLY)			
<input type="checkbox"/> Has dependents / is a caregiver	<input type="checkbox"/> Insurance has high deductible	<input type="checkbox"/> Lack of / cannot afford transportation	
<input type="checkbox"/> No health Insurance plan	<input type="checkbox"/> Underinsured		
<input type="checkbox"/> Other _____			
PSYCHOSOCIAL BARRIERS (CHOOSE ALL THAT APPLY)			
<input type="checkbox"/> Cultural / faith-based concerns	<input type="checkbox"/> Education level	<input type="checkbox"/> Education required on cancer	
<input type="checkbox"/> Education required on lifestyle changes	<input type="checkbox"/> Education required on refusing services / care / treatment		
<input type="checkbox"/> Education required on screening / diagnostics	<input type="checkbox"/> Education required on self-care vs. medical care		
<input type="checkbox"/> Fear / denial	<input type="checkbox"/> Has concerns about health		
<input type="checkbox"/> Other _____			
COMMUNICATION BARRIERS (CHOOSE ALL THAT APPLY)			
<input type="checkbox"/> Confused / overwhelmed	<input type="checkbox"/> Cultural concerns	<input type="checkbox"/> Does not understand (health literacy)	
<input type="checkbox"/> Needs interpreter	<input type="checkbox"/> Unable to read		
<input type="checkbox"/> Other _____			
<b>ACTION PLAN</b>			
COUNSELING / COMMUNICATION / EDUCATION (CHOOSE ALL THAT APPLY)			
<input type="checkbox"/> Advocated on client's behalf (specify) _____			
<input type="checkbox"/> Counseled regarding (specify) _____			
<input type="checkbox"/> Discussed client concerns	<input type="checkbox"/> Discussed diagnostic plan options	<input type="checkbox"/> Discussed options of available services	
<input type="checkbox"/> Discussed treatment plan options	<input type="checkbox"/> Educated client on available resources		
<input type="checkbox"/> Educated client with "teach-back" method on (specify) _____			
<input type="checkbox"/> Notified Regional Program Coordinator (RPC) for assistance			
<input type="checkbox"/> Provided interpreter services (specify language) _____			
<input type="checkbox"/> Provided culturally appropriate brochure / information			
<input type="checkbox"/> Provided educational level appropriate brochure / information		<input type="checkbox"/> Provided literacy level appropriate brochure / information	
<input type="checkbox"/> Other _____			
REFERRALS / APPOINTMENTS (CHOOSE ALL THAT APPLY)			
<input type="checkbox"/> Referred to SMHW Provider (specify) _____			
<input type="checkbox"/> Referred to breast and/or cervical care provider (specify) _____			
<input type="checkbox"/> Referred to other health care services (specify) _____			
<input type="checkbox"/> Referred to Breast and Cervical Cancer Treatment (BCCT) Program		<input type="checkbox"/> Referred to transportation resources	
<input type="checkbox"/> Scheduled appointment for screening services		<input type="checkbox"/> Scheduled appointment for diagnostic services	
<input type="checkbox"/> Scheduled appointment for transportation services		<input type="checkbox"/> Referred to legal services	
<input type="checkbox"/> Referred to local agency for assistance (specify) _____			
<input type="checkbox"/> Other _____			

MO 580-3196 (5-19)





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL, SHOW ME HEALTHY WOMEN (SMHW)  
**SMHW - WISEWOMAN INFORMATION UPDATE**  
WEB ADDRESS: [www.health.mo.gov/showmehealthywomen](http://www.health.mo.gov/showmehealthywomen)



**INSTRUCTIONS:**

This form is to be completed and submitted at the onset of each fiscal contract year to the SMHW program staff, **and at any time during the year that the information changes**. This information is used to update the SMHW web page, refer clients for services, and disseminate SMHW contract information to contractors.

AGENCY/DOING BUSINESS AS (DBA) NAME			CORPORATE/PARENT COMPANY NAME (IF APPLICABLE)		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP + 4 DIGITS	CITY	STATE	ZIP + 4 DIGITS
PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS		FAX NUMBER	TELEPHONE NUMBER		FAX NUMBER
AGENCY NAME & STREET ADDRESS TO SEND CONTRACT DOCUMENTS					
AGENCY NAME					
STREET/PO BOX ADDRESS					
CITY, STATE, ZIP CODE + 4 DIGITS					
SHOW ME HEALTHY WOMEN CONTACT INFORMATION					
ADMINISTRATIVE CONTACT NAME		ADMINISTRATIVE E-MAIL ADDRESS		ADMINISTRATIVE TELEPHONE NUMBER	
CLINICAL CONTACT NAME		CLINICAL EMAIL ADDRESS		CLINICAL TELEPHONE NUMBER	
BILLING CONTACT NAME		BILLING E-MAIL ADDRESS		BILLING TELEPHONE NUMBER	
WISEWOMAN CONTACT INFORMATION (IF APPLICABLE)					
ADMINISTRATIVE CONTACT NAME		ADMINISTRATIVE E-MAIL ADDRESS		ADMINISTRATIVE TELEPHONE NUMBER	
CLINICAL CONTACT NAME		CLINICAL EMAIL ADDRESS		CLINICAL TELEPHONE NUMBER	
BILLING CONTACT NAME		BILLING E-MAIL ADDRESS		BILLING TELEPHONE NUMBER	
LIST SATELLITE SITES (IF APPLICABLE)					
1. SATELLITE SITE NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
1. PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS	CLINICAL CONTACT NAME	CLINICAL CONTACT E-MAIL ADDRESS			
2. SATELLITE SITE NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
2. PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS	CLINICAL CONTACT NAME	CLINICAL CONTACT E-MAIL ADDRESS			
3. SATELLITE SITE NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
3. PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS	CLINICAL CONTACT NAME	CLINICAL CONTACT E-MAIL ADDRESS			
4. SATELLITE SITE NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
4. PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS	CLINICAL CONTACT NAME	CLINICAL CONTACT E-MAIL ADDRESS			
5. SATELLITE SITE NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
5. PUBLIC TELEPHONE NUMBER FOR APPOINTMENTS	CLINICAL CONTACT NAME	CLINICAL CONTACT E-MAIL ADDRESS			

CLINICAL EXAMINERS/LICENSE INFORMATION			
NAME (Clinical Examiner performing screening services)	TITLE	NURSE LICENSE NUMBER (If NP, include RN and NP license number)	PHYSICIAN LICENSE NUMBER
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA	RN: _____ NP: _____	PA: _____ DO: _____ MD: _____
I certify to the best of my knowledge and belief that all information provided is true and accurate. I understand this form will be returned if it is illegible, incomplete, and/or not signed.			
SIGNATURE			DATE
PRINTED NAME AND TITLE OF PERSON SIGNING			

**INSERT CLINIC NAME AND LOGO**

Name: \_\_\_\_\_ Birth date     /    /     SS#: \_\_\_\_\_  
mm/dd/yyyy (Optional)

Address \_\_\_\_\_  
Street City State Zip

The Missouri Department of Health and Senior Services invites you to take part in the Show Me Healthy Women Project (SMHW). If you qualify, you will receive your breast and cervical cancer examinations free. If your test results are not normal, this clinic will work with SMHW and/or Department of Social Services to help you obtain additional tests and, if needed, treatment.

**Income/Insurance Information** *(Please check all that apply.)*

Are you receiving: Unemployment insurance ☐ WIC ☐ TANF ☐ Food stamps ☐  
Medicare Part A ☐ and/or Part B ☐ Medicaid ☐ Have you applied for Medicaid ☐

Do you have health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your insurance have a deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you pay the deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your health insurance an HMO?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**CLIENT AGREEMENT**

I have not supplied documentation of household income. I declare my household income is within SMHW present income guidelines. \_\_\_\_\_ (If applicable, please initial)

I have received the income guidelines and I qualify for the SMHW.

A staff person has informed me which tests the SMHW program covers.

I understand that the SMHW services will be available to me at no cost.

I understand that my health is my responsibility. I am responsible for keeping my appointments.

I need to contact this clinic for my test results.

I understand that no test is 100% accurate.

I have read or had the above read to me. I agree that all the information above is correct.

**As a client receiving services funded by SMHW, your protected health care information will be shared with appropriate staff at the Department of Health and Senior Services and other agencies as required by the federal funding source. I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any subsequent revisions to this Notice. If this document is signed by the guardian or Durable Power of Attorney for Health Care (DPOA-HC), attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care.**

\_\_\_\_\_  
Signature of the Client/Guardian/  
Durable Power of Attorney for Health Care (DPOA-HC)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**INSERT CLINIC NAME AND LOGO**Nombre \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_ Seguro Social. # \_\_\_\_\_  
mes día año (opcional)Dirección \_\_\_\_\_  
Calle Ciudad Estado Código Postal

El Departamento de Salud y de Servicios para Personas de Edad Avanzada de Missouri le invita a ser parte del programa Mujeres Saludables de Missouri. Si usted califica, recibirá exámenes del seno y cervical gratuitos. Si los resultados fueran anormales, trabajaremos con el Departamento de Servicio Social para obtener exámenes adicionales, incluyendo el tratamiento si es necesario.

**INFORMACIÓN DE INGRESOS Y ASEGURANZA DE SALUD (seguros) (Por favor indique toda lo que aplica.)**

Esta usted recibiendo: Seguro de desempleo ☐ Medicaid ☐ TANF (Ayuda Estatal) ☐  
WIC ☐ Medicare Parte A ☐ o Parte B ☐  
¿Ha aplicado para recibir Medicaid? ☐

¿Tiene usted Seguro de Salud?	Si <input type="checkbox"/>	No <input type="checkbox"/>
¿Tiene usted un deducible en su seguro?	Si <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede usted pagar el deducible?	Si <input type="checkbox"/>	No <input type="checkbox"/>
¿Tiene usted el Seguros llamado HMO?	Si <input type="checkbox"/>	No <input type="checkbox"/>

**Acuerdo del Cliente**

No he presentado documentación sobre mis ingresos. Declaro que mis ingresos no sobrepasan los límites salariales de la guía del programa Mujeres Saludables de Missouri. \_\_\_\_\_ (su inicial)  
He recibido los requisitos del programa Mujeres Saludables de Missouri y califico para este proyecto.  
Personal del proyecto me ha informado cuáles exámenes paga el Mujeres Saludables de Missouri.  
Entiendo que los servicios disponibles a través del programa Mujeres Saludables de Missouri son gratuitos.  
Entiendo que es mi responsabilidad cuidar mi salud. Soy responsable de cumplir y mantener las citas médicas.  
Entiendo que personas asociados con el programa Mujeres Saludables de Missouri me pueden entrarme en contacto para recibir servicios médicos y aconsejados.  
Entiendo que necesito contactarme con la clínica para saber los resultados de mis exámenes.  
Entiendo que ningún examen es 100% exacto.  
Confirmando que he leído o se me ha leído la información anterior.  
Confirmando que toda información antes mencionada es correcta.

Como cliente que esta recibiendo servicios financiados por el programa Muéstreme Mujeres Saludables, su información protegida del cuidado médico será compartida con el personal apropiado en el Departamento de Salud y de Servicios para Personas de Edad Avanzada y de otras agencias según los requisitos de la fuente del financiamiento federal. Yo reconozco que me han dado una copia de las Políticas de Privacidad del Departamento de Salud y Servicios para Personas de Edad Avanzada de Missouri y que me han dicho a dónde puedo obtener revisiones subsiguientes a este aviso. Si este documento es firmado por el Tutor (Custodio) del poder duradero para atención médica, por favor adjunte una copia de las cartas de nombramiento del Tutor o una copia del Poder Duradero (Poder Notarial).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Firma del Cliente/Tutor/ Fecha  
Poder Duradero para atención médica (DPOA-HC)





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SHOW ME HEALTHY WOMEN (SMHW)  
**PATIENT HISTORY**  
(TO BE COMPLETED BY CLIENT AND REVIEWED ANNUALLY)

P. O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)		DATE OF VISIT (MM/DD/YYYY)	
<b>A. PERSONAL HISTORY</b>			
NAME (LAST, FIRST, MIDDLE INITIAL)		MAIDEN NAME	
E-MAIL ADDRESS	HOME PHONE NO. ( )	WORK PHONE NO. ( )	CELL PHONE NO. ( )
STREET ADDRESS	CITY/STATE	ZIP CODE	COUNTY
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (OPTIONAL)	WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
NUMBER OF HOUSEHOLD MEMBERS	INSURANCE COVERAGE: <input type="checkbox"/> None <input type="checkbox"/> Mo HealthNet <input type="checkbox"/> Medicare <input type="checkbox"/> Private		MEDICAID DON/MEDICARE NUMBER
Race: (must be answered, choose all that apply) <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) Asian <input type="checkbox"/> (4) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (5) American Indian or Alaskan Native <input type="checkbox"/> (6) Other _____ <input type="checkbox"/> (7) Unknown (please avoid using)		Ethnicity: (must be answered.) Are you of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No  Highest grade of school completed (circle one) (U. S. equivalent if educated in another nation) 1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16	
How did you hear about the Show Me Healthy Women program? (please choose only one) <input type="checkbox"/> (1) Physician <input type="checkbox"/> (8) Health Care Provider <input type="checkbox"/> (2) Clinic <input type="checkbox"/> (9) Health Fair <input type="checkbox"/> (3) Television <input type="checkbox"/> (10) Health Coalition <input type="checkbox"/> (4) Radio <input type="checkbox"/> (11) Outreach Worker <input type="checkbox"/> (5) Printed Ad <input type="checkbox"/> (12) Relative/Friend <input type="checkbox"/> (6) Billboard <input type="checkbox"/> (13) Other Location <input type="checkbox"/> (7) Bus Sign    (specify) _____		What type of transportation did you use to get to your clinic appointment? (please choose only one) <input type="checkbox"/> (1) Bus <input type="checkbox"/> (2) ACT Van <input type="checkbox"/> (3) OATS Bus <input type="checkbox"/> (4) Taxi <input type="checkbox"/> (5) Personal Vehicle <input type="checkbox"/> (6) Relative/Friend <input type="checkbox"/> (7) SMTS <input type="checkbox"/> (8) Other _____	
Date of last Pap Test    ____/____/____ MM    DD    YYYY		Date of Last mammogram    ____/____/____ MM    DD    YYYY	
Do you now smoke cigarettes? <input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know			
Name and telephone numbers of two people who can always reach you:			
NAME	HOME PHONE WITH AREA CODE ( ) _____	WORK PHONE ( ) _____	
NAME	HOME PHONE WITH AREA CODE ( ) _____	WORK PHONE ( ) _____	

MO 580-1800 (5-19)

Ch. D-3



DEPARTAMENTO DE SALUD DE MISSOURI Y SERVICIOS PARA MAYORES DE EDAD  
UNIDAD DE CONTROL DE CÁNCER Y DE ENFERMEDADES CRÓNICAS  
DEL PROGRAMA MUJERES SALUDABLES DE MISSOURI

### HISTORIA CLÍNICA DA LA PACIENTE

(COMPLETADA POR EL CLIENTE Y REVISARÁ ANUALMENTE)

P. O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

SITIO DE INSCRIPCIÓN/CLÍNICA SATÉLITE (SI HAY) ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)		FECHA DE VISITA (MES/DÍA/AÑO)	
<b>A. HISTORIA PERSONAL</b>			
NOMBRE (APELLIDO, NOMBRE, INICIALES INTERMEDIAS)		APELLIDO DE SOLTERA	
E-MAIL	TELÉFONO DE CASA ( )	TELÉFONO DE SU TRABAJO ( )	TELÉFONO CELULAR ( )
DIRECCIÓN	CIUDAD	CÓDIGO POSTAL	CONDADO
FECHA DE NACIMIENTO (MES/DÍA/AÑO)	NUMERO DE LA SEGURO SOCIAL (OPCIONAL)	¿CUÁL ES EL IDIOMA PRINCIPAL QUE SE HABLA EN SU CASA? <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro _____	
NUMERO DE PERSONAS QUE VIVEN EN SU HOGAR	QUE CLASE DE SEGURO TIENE: <input type="checkbox"/> Ninguno <input type="checkbox"/> Medicaid <input type="checkbox"/> Mo HealthNet <input type="checkbox"/> Privado		MEDICAID DCN/NUMERO DE MEDICARE
<b>Raza: (Deben contestarse, escoja todos las que le conciernen)</b> <input type="checkbox"/> (1) Blanco <input type="checkbox"/> (2) Negro o Afro-Americano <input type="checkbox"/> (3) Asiático <input type="checkbox"/> (4) Nativo de Hawaii o de otro isla del Pacifico <input type="checkbox"/> (5) Indio Americano o Nativo de Alaska <input type="checkbox"/> (6) Otros _____ <input type="checkbox"/> (7) Desconocido		<b>Pertenencia Étnica (Las preguntas deben ser contestadas)</b> ¿Tiene ud origenes Hispanos <input type="checkbox"/> Si <input type="checkbox"/> No  <b>Ultimo año escolar que completó (marque con un circulo uno)</b> <i>(Equivalente estadounidense, si es de otra nación):</i>  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
<b>¿Cómo supo usted acerca de este proyecto (En ingles, el Muestre Mujeres Saludables)?</b> <input type="checkbox"/> (1) Médico <input type="checkbox"/> (8) Enfermera o otra persona clínica <input type="checkbox"/> (2) Clínica <input type="checkbox"/> (9) Feria de Salud <input type="checkbox"/> (3) Televisión <input type="checkbox"/> (10) Coalición de Salud <input type="checkbox"/> (4) Radio <input type="checkbox"/> (11) Promotora de Salud <input type="checkbox"/> (5) Anuncio en diario <input type="checkbox"/> (12) Pariente/Amigo <input type="checkbox"/> (6) Anuncio en carretera <input type="checkbox"/> (13) Otras fuentes (especificar) _____ <input type="checkbox"/> (7) Anuncio en autobus		<b>¿Que tipo de transporte utiliza para acudir a su cita clínica?</b> <input type="checkbox"/> (1) Autobús <input type="checkbox"/> (2) Van ACT <input type="checkbox"/> (3) Autobús OATS <input type="checkbox"/> (4) Taxi <input type="checkbox"/> (5) Vehículo personal <input type="checkbox"/> (6) Pariente/Amigo <input type="checkbox"/> (7) SMTS <input type="checkbox"/> (8) Otra _____	
Fecha del examen de Papanicolaou pasado: _____		Fecha de la última mamografía: _____	
Actualmente, ¿fuma cigarillos? <input type="checkbox"/> A diario <input type="checkbox"/> Algunos días <input type="checkbox"/> Nada <input type="checkbox"/> No sabe			
Nombre y teléfono de dos personas que siempre puedan localizarse:			
Nombre	Teléfono de la Casa (incluya el código de área) ( )	Teléfono del Trabajo (incluya el código de área) ( )	
Nombre	Teléfono de la Casa (incluya el código de área) ( )	Teléfono del Trabajo (incluya el código de área) ( )	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SHOW ME HEALTHY WOMEN (SMHW)  
**SCREENING REPORT**

P. O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

ENROLLMENT SITE/SATELLITE SITE (NAME AND ADDRESS)				REFERRING PROVIDER (FOR DIRECT BILLING)					
<b>A. PERSONAL DATA</b>									
NAME (LAST, FIRST, MIDDLE INITIAL)				SOCIAL SECURITY NUMBER					
DATE OF BIRTH MM / DD / YYYY		CLIENT ELIGIBILITY VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No		INSURANCE COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No		DEDUCTIBLE MET <input type="checkbox"/> Yes <input type="checkbox"/> No			
VISIT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Rescreen <input type="checkbox"/> Initial CBE only <input type="checkbox"/> Annual CBE only <input type="checkbox"/> Mammogram only		Height ft. in.		Weight lbs.		BLOOD PRESSURE 1st Reading / / 2nd Reading / / Average / /			
REFERRAL FEE <input type="checkbox"/>				MEDICARE <input type="checkbox"/> Part A <input type="checkbox"/> Part A and B					
<b>B. BREAST CANCER SCREENING</b>									
<b>B 1. Does client report any BSE symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES" complete B2.) <b>Date of CBE</b> / / (MM/DD/YYYY)									
<b>B 2. Symptoms Reported By Client</b> (Check any that apply. If 1, 2, 3 or 4B is checked, may have two (2) diagnostics at clinician's discretion.) <input type="checkbox"/> (1) Lump <input type="checkbox"/> (4A) Pain/Tenderness - 1st occurrence <input type="checkbox"/> (4B) Pain/Tenderness - 2nd occurrence <input type="checkbox"/> (2) Nipple discharge <input type="checkbox"/> (5) Other (specify) _____ <input type="checkbox"/> (3) Skin changes (dimpling, retraction, new nipple inversion, ulceration, Paget's disease)									
<b>B 3. CBE within normal limits and findings Present at CBE</b> (check yes or no and one explanation) <input type="checkbox"/> Yes <input type="checkbox"/> Within normal limits <input type="checkbox"/> (1) Benign finding (fibrocystic changes, diffuse lumpiness, clearly defined thickening, tenderness or nodularity) <input type="checkbox"/> No - Suspicious for cancer (Any checked findings requires completion of two (2) diagnostic procedures entered on purple breast form.) <input type="checkbox"/> (2) Discrete palpable mass (includes masses that may be diffuse, poorly defined thickening, cystic or solid) <input type="checkbox"/> (5) Skin dimpling/retraction; new nipple inversion; peau d'orange; ulceration; one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral <input type="checkbox"/> (3) Nipple discharge <input type="checkbox"/> (6) Enlarged, tender, fixed or hard palpable supraclavicular, infraclavicular or axillary lymph nodes; also swelling of upper arm <input type="checkbox"/> (4) Nipple or areolar scaliness or erythema <input type="checkbox"/> Focal pain and tenderness									
<b>B 4. High Risk for Breast Cancer</b> <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (9) Not assessed/Unknown									
<b>Rescreen CBE Planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No / / (must be less than 10 months) MM YYYY				<b>Diagnostic Work-up Planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No / / (must be less than 60 days) MM DD YYYY					
<b>B 5. Mammogram Results</b>									
<input type="checkbox"/> (4) Mammogram not done or CBE done and diagnostic workup planned <input type="checkbox"/> (5) Cervical record only, no breast service provided <input type="checkbox"/> (1) Routine screening mammogram <input type="checkbox"/> (6) Referred to direct biller <input type="checkbox"/> (2) Mammogram performed to evaluate symptoms: <input type="checkbox"/> Personal history of breast cancer <input type="checkbox"/> (3) Abnormal mammogram done by a non-program funded provider, patient referred in for diagnostic evaluation (Enter results in Mammogram field as Reporting Only) <input type="checkbox"/> Previous abnormal mammogram results (rescreen) Date client referred for diagnosis. / / MM DD YYYY									
<b>Mammography provider facility</b> (facility name/city) <input type="checkbox"/> Mammogram Van									
<b>Previous mammogram</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Date of last mammogram</b> / / MM YYYY <b>Date of this mammogram</b> / / MM DD YYYY									
<b>Type of mammogram</b> <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic <input type="checkbox"/> Tomosynthesis <b>Method used for mammogram</b> <input type="checkbox"/> Digital <input type="checkbox"/> Conventional <b>SMHW mammogram result</b> (check one) (results with * require additional follow-up)									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           Left Right (Indicate why only one breast had mammogram in COMMENTS)            Normal <input type="checkbox"/> (1) Negative (Category 1)  <input type="checkbox"/> (2) Benign Finding (Category 2)            Further diagnostic planned for: (3) Probably Benign: <input type="checkbox"/> Yes <input type="checkbox"/> No         </td> <td style="width: 50%; vertical-align: top;">           Left Right            Abnormal <input type="checkbox"/> (3) Probably Benign (Category 3)  <input type="checkbox"/> (4) Suspicious Abnormality (Category 4)*  <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5)*  <input type="checkbox"/> (7) Unsatisfactory-not interpreted, repeat (Not Paid)  <input type="checkbox"/> (14) Need evaluation or film comparison (Category 0)         </td> </tr> </table>								Left Right (Indicate why only one breast had mammogram in COMMENTS) Normal <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> (2) Benign Finding (Category 2) Further diagnostic planned for: (3) Probably Benign: <input type="checkbox"/> Yes <input type="checkbox"/> No	Left Right Abnormal <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> (4) Suspicious Abnormality (Category 4)* <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5)* <input type="checkbox"/> (7) Unsatisfactory-not interpreted, repeat (Not Paid) <input type="checkbox"/> (14) Need evaluation or film comparison (Category 0)
Left Right (Indicate why only one breast had mammogram in COMMENTS) Normal <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> (2) Benign Finding (Category 2) Further diagnostic planned for: (3) Probably Benign: <input type="checkbox"/> Yes <input type="checkbox"/> No	Left Right Abnormal <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> (4) Suspicious Abnormality (Category 4)* <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5)* <input type="checkbox"/> (7) Unsatisfactory-not interpreted, repeat (Not Paid) <input type="checkbox"/> (14) Need evaluation or film comparison (Category 0)								
<b>Rescreen mammogram planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No / / (must be less than 10 months) MM YYYY				<b>Diagnostic work-up planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No / / (must be less than 60 days) MM DD YYYY					
<b>Referred for diagnostic testing/direct bill</b> (physician/facility name)									
<input type="checkbox"/> MRI (High Risk ONLY. Prior authorization required.) Report L/R results in Section D. Comments. / / MM DD YYYY									

### C. CERVICAL CANCER SCREENING (Indications for Pap Test)

- ☐ (6) Breast and Pelvic exam only (No Cervical Service)
- ☐ (1) Routine Pap test (screening)
- ☐ (2) Patient under surveillance for previous abnormal (rescreen)
- ☐ (5) Pap test not done. Patient proceeded directly for diagnostic work-up or HPV testing
- ☐ (4) Pap after primary HPV positive (+)
- ☐ (3) Non-program Pap referred in for diagnostic evaluation
- ☐ (9) Unknown
- MM / DD / YYYY
- High Risk for Cervical Cancer**
- ☐ (1) Yes
- ☐ (2) No
- ☐ (9) Not assessed/unknown

C 1. Pelvic Exam Results	C 2. Pelvic Exam Findings	<input type="checkbox"/> Reporting Only										
<b>Pelvic Exam WNL?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information required in "No" selected, See C 2.)	<b>Findings Present at Pelvic Exam (check only one)</b> <input type="checkbox"/> 1) Cervix <table border="0"> <tr> <td><input type="checkbox"/> a) Polyp</td> <td><input type="checkbox"/> f) Ectropion</td> </tr> <tr> <td><input type="checkbox"/> b) Leukoplakia (white lesions)</td> <td><input type="checkbox"/> g) Stenotic OS</td> </tr> <tr> <td><input type="checkbox"/> c) Friable</td> <td><input type="checkbox"/> h) Cervical mass</td> </tr> <tr> <td><input type="checkbox"/> d) Ulceration</td> <td><input type="checkbox"/> i) Other: _____</td> </tr> <tr> <td><input type="checkbox"/> e) Exophytic growth</td> <td></td> </tr> </table>	<input type="checkbox"/> a) Polyp	<input type="checkbox"/> f) Ectropion	<input type="checkbox"/> b) Leukoplakia (white lesions)	<input type="checkbox"/> g) Stenotic OS	<input type="checkbox"/> c) Friable	<input type="checkbox"/> h) Cervical mass	<input type="checkbox"/> d) Ulceration	<input type="checkbox"/> i) Other: _____	<input type="checkbox"/> e) Exophytic growth		
<input type="checkbox"/> a) Polyp	<input type="checkbox"/> f) Ectropion											
<input type="checkbox"/> b) Leukoplakia (white lesions)	<input type="checkbox"/> g) Stenotic OS											
<input type="checkbox"/> c) Friable	<input type="checkbox"/> h) Cervical mass											
<input type="checkbox"/> d) Ulceration	<input type="checkbox"/> i) Other: _____											
<input type="checkbox"/> e) Exophytic growth												
<b>Hysterectomy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cervix absent <input type="checkbox"/> Cervix absent due to cervical cancer (needs annual Pap test) <input type="checkbox"/> Cervix present <input type="checkbox"/> Reason for hysterectomy unknown	<input type="checkbox"/> 2) Exam Complicated by Obesity Rescreen planned <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnostic planned <input type="checkbox"/> Yes <input type="checkbox"/> No (must be less than 90 days)											
<b>Date of Pelvic Exam</b> MM / DD / YYYY <b>Reproductive Status (check one)</b> <input type="checkbox"/> a) Premenopausal <input type="checkbox"/> b) Postmenopausal												

C 3. Pap Test Results	<input type="checkbox"/> Reporting Only		
<b>Previous Pap test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Date of last Pap test</b> MM / DD / YYYY <b>Date of this Pap test</b> MM / DD / YYYY			
<b>Specimen adequacy</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory due to _____ <input type="checkbox"/> Unknown	<b>Specimen type</b> <input type="checkbox"/> Conventional Smear <input type="checkbox"/> Liquid Based		
<input type="checkbox"/> Annual Pap due to previous treatment for cervical cancer			
<b>Pap test result (check one) (Results with (*) require additional follow-up)</b> <b>Normal</b> <input type="checkbox"/> (1) Negative for intraepithelial lesion or malignancy <b>Abnormal</b> <table border="0"> <tr> <td> <input type="checkbox"/> (2) Atypical Squamous Cells of Undetermined Significance (ASC-US) (May have HPV test)  <input type="checkbox"/> (3) Lowgrade SIL (HPV/Mild Dysplasia/CIN I)*  <input type="checkbox"/> (4) Atypical Squamous Cells, cannot exclude HSIL (ASC-H)*  <input type="checkbox"/> (5) Highgrade SIL (with features suspicious for invasion/CIN II-III/CIS)*               </td> <td> <input type="checkbox"/> (6) Squamous Cell Cancer*  <input type="checkbox"/> (7) Atypical Glandular Cells* (including atypical endocervical adenocarcinoma in situ and adenocarcinoma)  <input type="checkbox"/> (8) Adenocarcinoma in situ*  <input type="checkbox"/> (9) Adenocarcinoma*  <input type="checkbox"/> (11) Other _____               </td> </tr> </table> <b>Endocervical Cells</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> (2) Atypical Squamous Cells of Undetermined Significance (ASC-US) (May have HPV test) <input type="checkbox"/> (3) Lowgrade SIL (HPV/Mild Dysplasia/CIN I)* <input type="checkbox"/> (4) Atypical Squamous Cells, cannot exclude HSIL (ASC-H)* <input type="checkbox"/> (5) Highgrade SIL (with features suspicious for invasion/CIN II-III/CIS)*	<input type="checkbox"/> (6) Squamous Cell Cancer* <input type="checkbox"/> (7) Atypical Glandular Cells* (including atypical endocervical adenocarcinoma in situ and adenocarcinoma) <input type="checkbox"/> (8) Adenocarcinoma in situ* <input type="checkbox"/> (9) Adenocarcinoma* <input type="checkbox"/> (11) Other _____
<input type="checkbox"/> (2) Atypical Squamous Cells of Undetermined Significance (ASC-US) (May have HPV test) <input type="checkbox"/> (3) Lowgrade SIL (HPV/Mild Dysplasia/CIN I)* <input type="checkbox"/> (4) Atypical Squamous Cells, cannot exclude HSIL (ASC-H)* <input type="checkbox"/> (5) Highgrade SIL (with features suspicious for invasion/CIN II-III/CIS)*	<input type="checkbox"/> (6) Squamous Cell Cancer* <input type="checkbox"/> (7) Atypical Glandular Cells* (including atypical endocervical adenocarcinoma in situ and adenocarcinoma) <input type="checkbox"/> (8) Adenocarcinoma in situ* <input type="checkbox"/> (9) Adenocarcinoma* <input type="checkbox"/> (11) Other _____		

C 4. HPV Test Date	<input type="checkbox"/> Reporting Only						
<b>Indication for HPV Test</b> <input type="checkbox"/> (1) Cotesting/Screening <input type="checkbox"/> (2) Reflex <input type="checkbox"/> (3) Not Done <input type="checkbox"/> (9) Unknown	<b>HPV Test Result</b> <table border="0"> <tr> <td><input type="checkbox"/> (1) Positive with genotyping not done/unknown</td> <td><input type="checkbox"/> (5) Positive with negative genotyping</td> </tr> <tr> <td><input type="checkbox"/> (2) Negative</td> <td><input type="checkbox"/> (9) Unknown</td> </tr> <tr> <td><input type="checkbox"/> (4) Positive with positive genotyping</td> <td></td> </tr> </table>	<input type="checkbox"/> (1) Positive with genotyping not done/unknown	<input type="checkbox"/> (5) Positive with negative genotyping	<input type="checkbox"/> (2) Negative	<input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (4) Positive with positive genotyping	
<input type="checkbox"/> (1) Positive with genotyping not done/unknown	<input type="checkbox"/> (5) Positive with negative genotyping						
<input type="checkbox"/> (2) Negative	<input type="checkbox"/> (9) Unknown						
<input type="checkbox"/> (4) Positive with positive genotyping							
<b>Rescreen Pap planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (less than 10 months)	<b>HPV DNA Genotype 16 or 18 Positive (Only report if PAP negative and HPV High Risk Group Positive)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Test Performed						
<b>Diagnostic work-up planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (must be less than 90 days)							
<b>Referred for diagnostic work-up/direct biller</b> (physician/facility name)							
<b>Date of next routine Pap screening</b> MM / DD / YYYY							

### D. COMMENTS



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SHOW ME HEALTHY WOMEN (SMHW)  
**BREAST DIAGNOSIS AND TREATMENT**

P. O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

ENROLLMENT SITE/SATELLITE (NAME AND ADDRESS)		REFERRING PROVIDER (FOR DIRECT BILLING)	
<b>A. PERSONAL DATA</b>			
NAME (LAST, FIRST, MIDDLE INITIAL)			
DATE OF BIRTH MM / DD / YYYY		SOCIAL SECURITY NUMBER - - - - -	
INSURANCE COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No		CLIENT ELIGIBILITY VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEDUCTIBLE MET <input type="checkbox"/> Yes <input type="checkbox"/> No		REFERRAL FEE <input type="checkbox"/>	
TYPE OF MEDICARE <input type="checkbox"/> Part A <input type="checkbox"/> Part A and B		BCCT <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B. BREAST DIAGNOSTIC PROCEDURES</b> <span style="float: right;"><input type="checkbox"/> Reporting only</span>			
Diagnostic Mammogram <input type="checkbox"/> Conventional <input type="checkbox"/> Digital <input type="checkbox"/> Tomosynthesis MM / DD / YYYY			
Additional Mammographic view(s)			
L R Normal <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> (2) Benign Finding (Category 2)		L R Other <input type="checkbox"/> (7) Unsatisfactory-not interpreted-repeat (not paid)	
Abnormal <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> (4) Suspicious Abnormality (Category 4)		<input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5) <input type="checkbox"/> (14) Additional Imaging Pending (Category 0)	
Ultrasound MM / DD / YYYY <span style="float: right;"><input type="checkbox"/> Rescreen <input type="checkbox"/> Reporting only</span>			
Left: <input type="checkbox"/> Complete <input type="checkbox"/> Limited  Right: <input type="checkbox"/> Complete <input type="checkbox"/> Limited		L R Normal <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> (2) Benign Finding (Category 2)  Abnormal <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> (4) Suspicious Abnormality (Category 4) - Refer to BCCT <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5) - Refer to BCCT  Other <input type="checkbox"/> (7) Unsatisfactory - not interpreted - repeat (not paid) <input type="checkbox"/> (14) Needs Additional Evaluation (Category 0)	
Specialist Consultation Date MM / DD / YYYY Diagnostic Work-up Planned <input type="checkbox"/> None <input type="checkbox"/> 0-60 days <input type="checkbox"/> 61-90 days <span style="float: right;"><input type="checkbox"/> Reporting only</span>			
CBE WNL <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" indicate finding below)			
Benign finding <input type="checkbox"/> (1) Fibrocystic changes, diffuse lumpiness, clearly defined thickening, or nodularity Suspicious for cancer <input type="checkbox"/> (2) Discrete palpable mass <input type="checkbox"/> (3) Nipple discharge <input type="checkbox"/> (4) Nipple or areolar scaliness or erythema <input type="checkbox"/> (5) Skin dimpling, retraction, new nipple inversion, peau d'orange, ulceration; also one breast lower than usual; or unilateral prominent veins, or unilateral increase in size <input type="checkbox"/> (6) Enlarged, tender, fixed, or hard palpable supraclavicular, infraclavicular, or axillary lymph nodes; also swelling of upper arm			
Fine Needle/Cyst Aspiration MM / DD / YYYY Cytopathology Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Reporting only</span>			
<b>Left Breast</b> Type <input type="checkbox"/> Superficial <input type="checkbox"/> Deep tissue under guidance <input type="checkbox"/> First Lesion <input type="checkbox"/> Additional Lesion <input type="checkbox"/> Ultrasound <input type="checkbox"/> Ultrasound <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Cat Scan <input type="checkbox"/> Cat Scan <input type="checkbox"/> MRI <input type="checkbox"/> MRI  Result <input type="checkbox"/> (1) Negative <input type="checkbox"/> (2) Indeterminate <input type="checkbox"/> (3) Suspicious for Malignancy - Refer to BCCT <input type="checkbox"/> (4) Malignancy - Refer to BCCT		<b>Right Breast</b> Type <input type="checkbox"/> Superficial <input type="checkbox"/> Deep tissue under guidance <input type="checkbox"/> First Lesion <input type="checkbox"/> Additional Lesion <input type="checkbox"/> Ultrasound <input type="checkbox"/> Ultrasound <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Cat Scan <input type="checkbox"/> Cat Scan <input type="checkbox"/> MRI <input type="checkbox"/> MRI  Result <input type="checkbox"/> (1) Negative <input type="checkbox"/> (2) Indeterminate <input type="checkbox"/> (3) Suspicious for Malignancy - Refer to BCCT <input type="checkbox"/> (4) Malignancy - Refer to BCCT	

MO 580-1798 (5-19)

Ch. D-2

<b>Biopsy</b> _____ / _____ / _____ MM DD YYYY		<input type="checkbox"/> Reporting only
<b>Location</b> <input type="checkbox"/> Physician Office <input type="checkbox"/> Hospital outpatient <b>Facility Fee</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Anesthesia</b> <input type="checkbox"/>		
Primary Biopsy Type: Clear		
<b>Breast</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <b>Percutaneous</b> <input type="checkbox"/> Stereotactic Guided (19081) <input type="checkbox"/> U.S. Guided (19083) <input type="checkbox"/> Needle Core, No Guidance (19100) <input type="checkbox"/> Add Lesion		
<b>Additional Primary Pathology:</b> <input type="checkbox"/> No additional pathology <input type="checkbox"/> 1 additional pathology <input type="checkbox"/> 2 additional pathology <input type="checkbox"/> 3 additional pathology		
<input type="checkbox"/> Incisional, No Guidance (19101) <input type="checkbox"/> Mammogram Guided (19281) <input type="checkbox"/> Stereotactic Guided (19283) <input type="checkbox"/> US Guided (19285) <input type="checkbox"/> Excisional (19120 or 19125) <b>Radiological exam of specimen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Lesion: Clear		
<input type="checkbox"/> Incisional, No Guidance (19101) <input type="checkbox"/> Mammogram Guided <input type="checkbox"/> Stereotactic Guided <input type="checkbox"/> US Guided <input type="checkbox"/> Excisional (19120) <b>Radiological exam of specimen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Additional Secondary Pathology:</b> <input type="checkbox"/> No additional pathology <input type="checkbox"/> 1 additional pathology <input type="checkbox"/> 2 additional pathology <input type="checkbox"/> 3 additional pathology		
Additional Facility Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Biopsy Result</b> (Report only most severe result) <input type="checkbox"/> (1) Benign <input type="checkbox"/> (2) Benign/Atypical <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (4) Malignancy		
<b>Status of Final Diagnosis</b> <input type="checkbox"/> (1) Work-up Complete (Complete Section C) <input type="checkbox"/> (2) Work-up Pending <input type="checkbox"/> (3) Lost to Follow-up <input type="checkbox"/> (4) Work-up Refused (Describe in comment section/Must have signed waiver) <input type="checkbox"/> (9) Irreconcilable (Does not follow typical protocol - <b>FOR STAFF USE ONLY</b> )		
_____ / _____ / _____ MM DD YYYY		
Next Breast Cancer Screening Date _____ / _____ / _____ MM DD YYYY		
<b>Other Procedure</b> (specify, note results in comments): <input type="checkbox"/> Ductogram <input type="checkbox"/> Nipple Discharge Cytology (not reimbursed) <input type="checkbox"/> Skin Biopsy (not reimbursed) <input type="checkbox"/> Magnetic Resonance Imaging (MRI) (not reimbursed) <input type="checkbox"/> Nuclear Scan (not reimbursed)		
<b>Other Procedure Date:</b> _____ / _____ / _____ MM DD YYYY		
<b>C. BREAST DIAGNOSIS</b>		
<b>Final Diagnosis</b> <input type="checkbox"/> (3) Breast Cancer not diagnosed <input type="checkbox"/> (5) Ductal Carcinoma In Situ (DCIS) (Stage 0)* <input type="checkbox"/> (4) Lobular Carcinoma In Situ (LCIS) (Stage 0)* <input type="checkbox"/> (2) Invasive Breast Cancer*		
Final Diagnosis/Imaging Date _____ / _____ / _____ MM DD YYYY		
<b>D. BREAST TREATMENT</b>		
<b>Status of Treatment</b> <input type="checkbox"/> (1) Started <input type="checkbox"/> (2) Pending <input type="checkbox"/> (3) Lost to F/U (Describe in comment section) <input type="checkbox"/> (4) Refused (Describe in comment section/Must have signed waiver) <input type="checkbox"/> (5) Not Needed		
<b>Type</b> <input type="checkbox"/> (1) Surgery <input type="checkbox"/> (2) Radiation <input type="checkbox"/> (3) Chemotherapy <input type="checkbox"/> (4) Hormone <input type="checkbox"/> (5) Immunotherapy <input type="checkbox"/> (6) Other Cancer Therapy Specify _____		
<b>Treatment Facility</b> (Facility Name/City)		
<b>Date Treatment Started</b> _____ / _____ / _____ MM DD YYYY		
<b>COMMENTS</b>		



**C. CERVICAL DIAGNOSIS****Final Diagnosis (RECORD MOST SEVERE RESULT)** *(Diagnostic results with (\*) require treatment)*

- ☐ (1) Normal/Benign Reactive/Inflammation  
☐ (2) HPV/Condylomata/Atypia  
☐ (3) CIN I/Mild Dysplasia/Low grade SIL (Biopsy Diagnosed)\*  
☐ (4) CIN II/Moderate Dysplasia (Biopsy Diagnosed)\* (Refer to BCCT)  
☐ (5) CIN III/Severe Dysplasia/High Grade SIL/Carcinoma In Situ (CIS), Stage 0 (Biopsy Diagnosed)\* (Refer to BCCT)  
☐ (6) Invasive (Biopsy Diagnosed)\* (Refer to BCCT)  
☐ (7) Other \_\_\_\_\_  
 (Use if woman has no cervix for cancer types: Vulval, Vaginal, Endometrial, Uterine, Ovarian)

**Final Diagnosis Date**    \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  MM    DD    YYYY
**D. CERVICAL TREATMENT****Status of Treatment**

- ☐ Started  
☐ Pending  
☐ Lost to F/U (Describe in comment section)  
☐ Work up refused (Describe in comment section/Must have signed waiver)  
☐ Not Needed

**Type**

- ☐ Cryotherapy  
☐ Conization (LEEP, Cold Knife)  
☐ Radiation Therapy  
☐ Chemotherapy  
☐ Surgery  
☐ Immunotherapy  
☐ Other Cancer Therapy - Specify \_\_\_\_\_

**Treatment Facility**

Facility Name/City

**Date Treatment Started**    \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  MM    DD    YYYY
**Comments**





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**BCCT TEMPORARY MO HEALTHNET AUTHORIZATION**

**DO NOT** mail to address on form.  
**DO MAIL** the application as quickly as possible to:

**FSD Customer Relations Unit  
101 Park Central Square  
Springfield, Missouri 65806**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

Dear \_\_\_\_\_

You are eligible for Temporary MO HealthNet based upon your Missouri Show Me Healthy Women program screening results. Your temporary coverage will continue until a decision is made on your eligibility for on-going MO HealthNet coverage. MO HealthNet can pay for medical services only when the medical provider you use accepts MO HealthNet payments.

**An application for MO HealthNet based upon your need for breast or cervical cancer treatment is enclosed. Please complete the application and mail it to the Family Support Division's (FSD) Buchanan County office as quickly as possible. If you fail to complete and return the enclosed application by the last day of next month, your MO HealthNet coverage will end.**

You will receive a white MO HealthNet card in approximately five days. Until you receive your white card, use this letter when you go to your doctor, pharmacy or other medical service provider. If you have questions about MO HealthNet providers or how to get MO HealthNet services, please contact the county FSD office of your residence.

If you have any questions pertaining to continuing medical eligibility, please contact the county FSD office of your residence or Missouri Family Support Division's MO HealthNet Service Center, toll free number at 1-888-275-5908.

**SMHW Contracted Provider:** \_\_\_\_\_

**SMHW Eligibility confirmed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name	MO HealthNet Number	Beginning Date of Coverage
X _____	_____	_____

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
**BCCT MEDICAL ASSISTANCE APPLICATION**

BCCCP PROVIDER
TELEPHONE NUMBER
DIAGNOSIS DATE

Send completed application to  
Family Support Division  
PO Box 2320  
Jefferson City MO 65102-2320  
FAX: 573-751-3091

**DO NOT** mail to address on form.  
**DO MAIL** the application as quickly  
as possible to:  
**FSD Customer Relations Unit**  
**101 Park Central Square**  
**Springfield, Missouri 65806**

SERVICE REP	SUPERVISOR	LOAD

**COMPLETE IN INK**

**A. MAILING ADDRESS**

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE/ETHNIC
ADDRESS (HOUSE NO., STREET, RURAL ROUTE, PO BOX NO) CITY, STATE, ZIP CODE COUNTY			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MESSAGE PHONE NUMBER	

**B. INSTRUCTIONS: Please answer each question completely.**

	YES	NO
1. Are you a U.S. citizen? If "NO", list immigration status and registration number, date of entry:	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have healthcare insurance?	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF COMPANY AND POLICY NUMBER	TYPE OF COVERAGE	
	<input type="checkbox"/> DOCTOR <input type="checkbox"/> HOSPITAL If limited coverage explain:	
	YES	NO
3. Do you have children under the age of 19 residing in your home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you blind?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>

**C. PLEASE READ CAREFULLY AND SIGN BELOW:**

- I agree to provide Social Security Numbers of all persons applying for Medicaid as required by law. The social security number is used to determine eligibility and verify information.
- I agree that my statements and information provided may be verified.
- I will report any changes in circumstances within **TEN DAYS** of when they happen.
- I know that it is against the law to obtain benefits to which I am not entitled. Any false claim, statement or concealment of any material fact whatsoever, in whole or in part, may subject me to criminal and/or civil prosecution.
- I agree that medical information about me can be released if needed to administer this program.
- I understand Healthcare benefits based on a person being blind, disabled, age 65 or over, pregnant women, child or parent, is not determined by completing this application. If I want eligibility for healthcare benefits explored on the basis of one of these, I must complete a different application for these benefits.
- Provided I am found to be eligible for Medicaid, I know the state of Missouri will pay for covered services on my behalf and agree the state may collect payments from any third party (i.e., insurance, estate, etc.) for services paid by the state.
- I understand the decision on my eligibility will be released to the State of Missouri BCCCP Program for tracking purposes.
- I understand that if I disagree with the decision concerning my eligibility, I may request a fair hearing within 90 days of the date of the decision.
- I understand I am entitled to fair and equal treatment regardless of my age, sex, race, color, handicap, religion, creed, national origin or political belief.

I agree that the signature below certifies under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete, to the best of my knowledge.

SIGNATURE	DATE

CALL 1-888-275-5908 IF YOU HAVE ANY QUESTIONS.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**CERTIFICATION OF NEED FOR TREATMENT – BREAST/CERVICAL CANCER**

Save

Print

Reset

PATIENT NAME

PATIENT DOB (MM/DD/YYYY)

PATIENT MO HEALTHNET NUMBER (DCN)

I certify that the above patient:

- ☐ Was diagnosed as having ☐ breast or ☐ cervical cancer on ; and,  
(CHECK ONE) DATE (MM/DD/YYYY)
- ☐ Is in need of treatment for breast or cervical cancer; **OR**
- ☐ Is currently receiving treatment for breast or cervical cancer. The estimated date when  
the current course of treatment will end is   
DATE (MM/DD/YYYY)

**Note:** Eligibility Specialist must set a priority for follow-up based on estimated treatment completion date.

PHYSICIAN'S SIGNATURE

DATE

TYPE OR PRINT NAME OF PHYSICIAN

PHYSICIAN SPECIALTY

MO HEALTHNET PROVIDER NUMBER

MO HEALTHNET MANAGED CARE PROVIDER NUMBER

**PLEASE SEND THIS FORM TO THE FOLLOWING AGENCY:**

#### **CERTIFICATION OF NEED FOR TREATMENT – BREAST/CERVICAL CANCER**

Purpose: To provide a signed statement from the diagnosing/treating physician as to the date of the diagnosis and/or the length of time treatment will be for breast or cervical cancer. This form is used to tell the eligibility specialist the date of diagnosis and the time limit the treatment will last for the claimant.

Number of Copies and Distribution: Complete on copy of the form in ink or type and file in the case record.

Instructions for Completion:

The following parts of this form are to be completed by the eligibility specialist prior to sending to the treating physician:

- Patient Name
- Patient's Date of Birth
- Patient's MO HealthNet Number (DCN)
- Address of where to send the completed form

The form is then sent to be completed by the diagnosing/treating physician.

If initially applying for BCCT through a county office, the physician must certify the following:

- Date of diagnosis, and either
- Need for treatment, or
- If currently receiving treatment, the estimated date the current course of treatment will end.

Upon receiving the completed BCC-2, the eligibility specialist will set a priority based on the patient status:

- Initial application with diagnosis only-Set priority to check on treatment status in three (3) months; or
- Active case-Set priorities as needed to redetermine whether treatment is still needed for breast or cervical cancer. Priorities are based on the date the current course of treatment is expected to end.



---

## Forms for MOHSAIC Entry

---

Overview of Client Forms for MOHSAIC Entry .....	11.1
Green Patient History Form	
Blue Screening Report	
Purple Breast Diagnosis and Treatment Form	
Yellow Cervical Diagnosis and Treatment Form	
MOHSAIC Access .....	11.3
Navigating MOHSAIC.....	11.8
Lesson 1: The CLIENT	
Lesson 2: Financial	



---

## Overview of Client Forms for MOHSAIC Entry

---

Providers entering on-line information are not required to fill out paper forms but must have documentation of the information submitted in the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) in client files for quality assurance (QA) review.

Access the Patient History, Screening Report, Breast Diagnosis and Treatment, Cervical Diagnosis and Treatment, and Client Navigation forms online at:  
<https://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>. Alternatively, call 866-726-9926.

All forms contain a 'Comment' section at the bottom of the form. This is used for additional notes on the client or procedures entered by provider or DHSS staff. Explanations should be kept brief as space is limited. Comments are not mandatory, but helpful to retain information not covered in the form. Providers **must submit** completed client forms within 60 days of service.

If waiting for insurance reimbursement/approval forms, do not submit complete billing until the amount insurance paid is available. See page 9.3 for Insurance Guidelines.

### Green Patient History Form

The Patient History form (**green form**, pages 10.8-.9) shall be completed by each client at the initial screening visit and at every annual screening thereafter. The provider shall enter the green history form into MOHSAIC when reporting the initial screening visit and update the information each year, as needed. Enter the green history form into MOHSAIC **before** entering any other form.

### Blue Screening Report

A completed Screening Report form (**blue form**, pages 10.10-.11) shall be submitted at the initial, rescreen, and annual screening for all clients participating in SMHW. Document the first mammogram a client receives on the screening report.

### Purple Breast Diagnosis and Treatment Form

Breast Diagnosis and Treatment form (**purple form**, pages 10.12-.13) shall be fully completed for all clients with abnormal breast cancer screening results that require further diagnostic procedures and/or treatment. If needed, diagnostic service(s), date of service(s), results of diagnostic service(s), final diagnosis, and treatment (date, type and place) are also required on the purple form. This information is crucial for the successful follow-up and/or treatment of all clients with abnormal screening results.

## Yellow Cervical Diagnosis and Treatment Form

Cervical Diagnosis and Treatment form (**yellow form**, pages 10.14-.15) shall be fully completed for all clients with abnormal cervical cancer screening results that require further diagnostic procedures and/or treatment. If needed, diagnostic service(s), date of service(s), results of diagnostic service(s), final diagnosis, and treatment (date, type, and place) are also required on the yellow form. This information is crucial for the successful follow-up and/or treatment of all clients with abnormal screening results.



---

## MOHSAIC Access

---

MOHSAIC is an online data system used to collect and manage client service records for the SMHW and WISEWOMAN programs.

MOHSAIC also tracks funding allocations and expenditures and is linked to the Statewide Advantage for Missouri (SAM II) accounting system for reimbursing providers. Prior to reimbursement, SMHW and WISEWOMAN staff review all submitted forms to ensure client services meet program standards.

SMHW must submit Minimum Data Elements (MDE) reports to the Centers for Disease Control and Prevention (CDC) from the MOHSAIC reporting data forms.

### How to apply for access to MOHSAIC

To apply for access to MOHSAIC, applicants will need to follow the instructions in the following pages.

---

## AUTOMATED SECURITY ACCESS PROCESSING (A.S.A.P)

### REQUESTING ACCESS TO SHOW ME HEALTHY WOMEN

---

## STEP A. Creating A.S.A.P User profile

(This step is to be completed only once per user.)

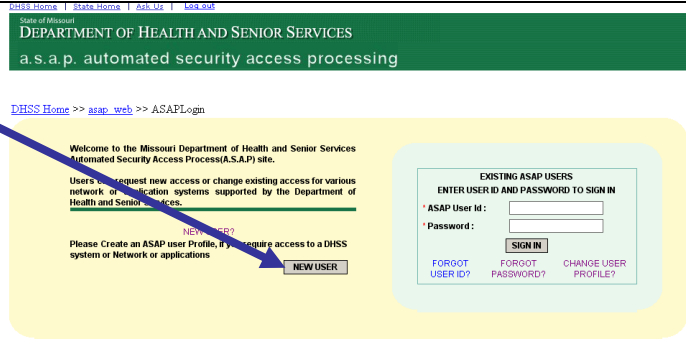
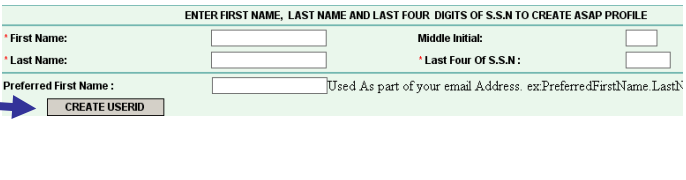
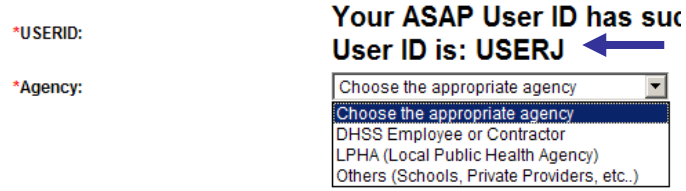
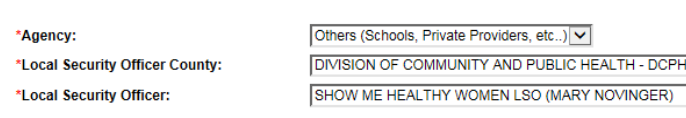
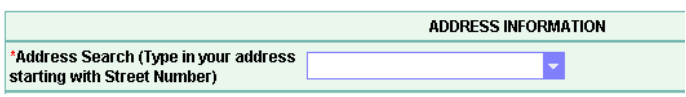
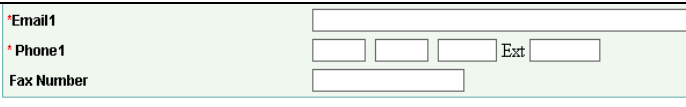
---

#### Please read.

- If you have an ASAP profile already and know your login credentials, please skip to Step B (submitting the request)
- If you are unsure you have an ASAP profile, here are a few steps to determine that
  - If you already have an LPHA e-mail account, DHSS health applications and/or DSS prod/mainframe access, you mostly likely have an ASAP profile.
  - If you try to create an ASAP profile and you receive a red message indicating that first name and last name is already in use, please contact the ITSD Call Center at 800.347.0887 for assistance. This most likely means you have an ASAP profile and the call center can assist with profile updates, password resets, logging into ASAP, and/or submitting requests.

## Creating A.S.A.P User profile

- Open Internet Browser and enter address  
**[http://webapp02.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx)**
- Click “Yes” to any security messages

Steps	Screen Print
1. Click the <b>NEW USER</b> option	
2. Enter your <b>first name, last name</b> and <b>last four digits of your SSN</b> . Enter a <b>Preferred First Name</b> , if desired. Click the <b>CREATE USERID</b> button.	
3. Make note of your <b>UserID</b> .	
3. Choose ‘ <b>Others (Schools, Private Providers, etc.)</b> ’ for the <b>Agency</b> .  4. Choose ‘ <b>DHSS DIVISION OF COMMUNITY HEALTH</b> ’ for Local Security Officer County.  5. Choose ‘ <b>SHOW ME HEALTHY WOMEN LSO – (Paula Fox)</b> ’ for Local Security Officer.	
6. Type your work street number; it will provide a drop-down list. Click your address	
7. Enter your e-mail address, telephone number, and fax number	

<p>8. Enter a password Retype your password Enter a challenge question. This should be a question only you know the answer to. Type the response or answer to the challenge question Retype the response or answer to the challenge questions</p> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**</b></p>	<div data-bbox="730 304 1404 451"> <p>* Password <input type="text"/> [Password length between 6-8]</p> <p>* Retype Password <input type="text"/></p> <p>* Challenge Question <input type="text"/> ex: What is your favorite color?</p> <p>* Challenge Response <input type="text"/> ex: Blue</p> <p>* Retype Response <input type="text"/></p> </div>
<p>9. Click the CREATE PROFILE button</p>	<div data-bbox="738 703 1031 745"> <p><b>CREATE PROFILE</b></p> </div>
<p>10. You should see a message about the profile being successfully created. Make note of your User ID</p>	<p>PROFILE SUCCESSFULLY CREATED. Your ASAP User ID has successfully been generated. Your User ID is: USERL</p> <div data-bbox="1193 850 1380 892"> <p><a href="#">Request Access</a></p> </div>

----- Please continue to Step B. -----

## STEP B. Request SMHW access

- Open Internet Browser and enter address  
[https://healthapps.dhss.mo.gov/asap\\_web/ASAPLogin.aspx](https://healthapps.dhss.mo.gov/asap_web/ASAPLogin.aspx)
- Click Yes to any security messages

<ol style="list-style-type: none"> <li>1. Type the <b>User ID</b> and <b>Password</b> you created in Step A.</li> <li>2. Click the <b>SIGN IN</b> button.</li> </ol> <p><b>**If ASAP did not prompt you to create a password, your password was automatically set to first letter of first name, first letter of last name, and last four digits of your social security number.**</b></p>	
<ol style="list-style-type: none"> <li>3. Click the <b>'Completing for Self'</b> option.</li> <li>4. Click the <b>NEXT</b> button.</li> </ol>	
<ol style="list-style-type: none"> <li>5. Click <b>'HEALTH APPLICATIONS'</b> for Area Type.</li> <li>6. Click <b>'SHOWMEHEALTHYWOMEN'</b> for Health Area Type.</li> <li>7. Click <b>'ADD ACCESS'</b> for Request Type.</li> <li>8. Choose SMHWPROVIDER (**FOR USE BY SMHW PROVIDER ONLY) from the Role drop down list. Choose NONE for other role/report type.</li> <li>9. <b>Optional:</b> Type in any comments</li> <li>10. Type in the Effective Date</li> </ol>	

<p>11. If not entering data for additional agencies, leave defaulted to 'NO'.</p> <p>12. To select other agencies, select 'YES' and pick the county and the agency from the the dropdown list</p>	<p>Do you enter Data for Additional Agencies? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>To pick additional Agencies ,Choose the respective County</p> <p>*County: <input type="text" value="ADAIR - 001"/></p> <p>*Agency: <input type="text" value="ADAIR COUNTY HEALTH DEPARTMENT"/></p> <table border="1"> <thead> <tr> <th>ADD</th> <th>ADDRESS</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1001 S JAMISON</td> <td>KIRKSVILLE</td> <td>MO</td> <td>635010000</td> </tr> </tbody> </table>	ADD	ADDRESS	City	State	Zip	<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000
ADD	ADDRESS	City	State	Zip							
<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000							
<p>13. Click the 'I Agree' button.</p> <p>14. Click the 'Submit Form' button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL S CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.</p> <p><input type="button" value="I Agree"/> <input type="button" value="Quit"/></p> <p><input type="button" value="Submit Form"/></p>										
<p>A message should appear stating the request was successfully completed.</p> <p>Print a copy of the completed form for agency records.</p>	<p>You have successfully completed your request form.Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process.</p> <p><input type="button" value="Printer Friendly Copy"/> <input type="button" value="FILL OUT ANOTHER ACCESS FORM"/></p>										

If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Call Center using one of the following methods:

Telephone: 573.751.6388 or 1.800.347.0887  
E-mail: Support@health.mo.gov

---

## Navigating MOHSAIC

---

### Lesson 1: The CLIENT

This is for the Provider or MOHSAIC Customer. In this lesson, learn how to:

- Develop a new password
- Log onto the SMHW application
- Search for existing clients
- View Medicaid information
- Register new clients

**MOHSAIC HELPFUL TIPS:**

1. Use Internet Explorer
2. Check Compatibility setting
3. Check text size for screens with overlapping words or adjust zoom setting if needed
4. Turn off Pop-Up Blockers (MOHSAIC uses pop-up screens for data information)

### Steps to Access the MOHSAIC Application and Log onto the SMHW Application

#### Log-in Process

Open the Internet browser and enter the Web address on the address line:

<https://healthapps.dhss.mo.gov/smhw/>.

- If this is the first time to login, a password must be established:
  - Use the username and assigned password provided to you by e-mail from SMHW, when approved. User name is usually the first five letters of last name and first name initial. Initial password is first and last name initials and last four digits of SSN.
  - Click on 'Change Password.'
  - If you do not login to MOHSAIC for 30 days, the system will 'lock out.' You must call the ITSD Help Desk at 800-347-0887 to unlock and enter new password.
  - After a password is established, the program will ask to change your password every 30 to 60 days. This can be numbers, letters, or a combination, as desired. Password requires six (6) to eight (8) characters and one numeric value.
- Once logged in, your agency name will appear and stay constant throughout the application.
- Click the 'Login' button to proceed.

## Entering or Viewing a Client

The main screen for the SMHW program appears. To enter or view a client:

- Click on the 'Client' link on the menu bar
- Choose 'Submit New Forms/Billing'

## Client Search

In 'Submit New Forms/Billing' screen under the 'Client Information' section, choose either to 'Search and Select' or 'Register a New Client.'

Type the Social Security Number (SSN) with no spaces or hyphens; the Departmental Client Number (DCN) or the last and first name of the client separated by a comma (Example: Doe, Jane). **Do not click return – wait until drop down menu appears.**

If the screen returns more names than the screen will hold, use the scroll down bar to see the full screen. If there are more than 15 names on the screen use the double arrow at the bottom of the screen to proceed to the next search result screen.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

**CLIENT** PROVIDER FINANCIAL ADMINISTRATIVE Development

**SUBMIT NEW FORMS / BILLING** **CLIENT INFORMATION**

[Show Instructions](#)

### Submit Form

#### Client Information

Client Name:  ? [Update Client Information](#)

Address:

SSN:  Sex:

DOB:  Race:

DCN:  Ethnicity:

City, State Zip:  MO  Phone:  -  -  ☐ No Phone

#### Provider Information

☐ Regular Billing ☐ Direct Billing

Provider:  Referring Provider:

Service Name/Address:

#### Form Type/Version

Type:

Version:

Done Local



## Searching for Current Client

If the client name appears, then select the correct name by clicking on it. Verify the name by checking the date of birth (DOB) and DCN number, if available. The client may be in the system with multiple names. Choose the name of the client as she presents to you. If not available, select one and then correct with 'Update Client Information.'

The client information screen will display the client demographic information. If any information is missing, add the correct information in the 'Update Client Information' screen.

If the client name is not in the database, this screen will say 'No Results Found'. Press the tab key to continue.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE** **Development**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

[Show Instructions](#)

**Submit Form**

**Client Information**

Client Name: jane, doe ? [Update Client Information](#)

2 of 2 retrieved. Make a selection, Refine Search or Press tab key to continue.

Name	DOB	DCN	Address	PartyID
JANET, DOE M		12345678		378223108
JANET, DOE M		12345678		378223116

City, State Zip

**Provider Inform**

Provider

Service Name/Address

**Form Type/Version**

Type

Version

Create Form Close

## Adding a New Client

If the client name does not appear, then hit the 'enter' or 'tab' key and the message to add a new client appears. Click the 'OK' button and proceed to the 'Add Person' screen.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

**CLIENT** PROVIDER FINANCIAL ADMINISTRATIVE Development

▼ SUBMIT NEW FORMS / BILLING ► VIEW MEDICAID INFORMATION

Show Instructions

**Submit Form**

**Client Information**

Client Name: lane, doa  
Address:  
City, State Zip:

**Provider Information**

☐ Regular Billing ☐ Direct Billing

Provider:  Referring Provider:

Service Name/Address:

**Form Type/Version**

Type:  Version:

Create Form Close

**Microsoft Internet Explorer**

? The client was NOT found in MOHSAIC. Click OK to add the client. Click CANCEL to search again.

OK Cancel

The search will check the MOHSAIC and DSS databases. If the client name is not in the system, the screen appears with the 'No results found matching search criteria.' Click the 'Create New Client on MOHSAIC' link.

**QuickClientAdd -- Web Page Dialog**

**Add Person**

Show Instructions

**Client**

Last Name *	CORRECT	First Name *	IMA
Suffix		Middle Name	
Date of Birth *	3/21/1952	Prefix	
Ethnicity *	NON HISPANIC	Gender *	FEMALE
Race *	AMERICAN INDIAN - CHIPPEWA	SSN	
Age *			

Search | [Create New Client on MOHSAIC](#) | [Modify Search](#) | [Cancel](#)

No results found matching search criteria.

## Adding new client, continued

The 'Client Information' screen is displayed. The next step is to enter the address and telephone number. Then proceed to the 'Provider Information' section or view Medicaid information.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURI**

Current Client: REAL, GET No Address Found No Phone Information Found User: [ ]

**CLIENT** **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

[Show Instructions](#)

**Submit Form**

**Client Information**

Client Name: REAL, GET ? [Update Client Information](#)

Address: [ ]

SSN: 555-66-5551 Sex: FEMALE  
DOB: 12/12/1951 Race: WHITE  
DCN: 63045647 Ethnicity: NON HISPANIC

City, State Zip: [ ] MO [ ] Phone: [ ] - [ ] - [ ] ☐ No Phone

**Provider Information**

☐ Regular Billing ☐ Direct Billing

Provider: SHANNON COUNTY HEALTH DEPARTMENT Referring Provider: [ ]

Service Name/Address: OREGON COUNTY HEALTH DEPARTMENT - 119 GREY JONES STREET, EMINENCE, MO 65466

**Form Type / Version**


Type: [ ] Version: [ ] [Create Form](#) [Close](#)

Done Local intranet

## Address Verification

If the system does not recognize the address, 'Address Verification' will pop up. If the address is correct, enter the county and click "save." Or change the address to a valid address and click save.

If the county and address match the database, the pop-up box will turn orange. If not, and both fields are correct, call SMHW at 866-726-9926 to request an address fix. Normally this fix will be done overnight.


**AddressPopup -- Web Page Dialog**
X

### Address Verification

- The address entered could not be completely verified.
- Either the address could not be validated or multiple addresses were found that could possibly be the address being entered.
- Select one of the possible addresses or accept the address as entered.

Show Instruction

Address Verification	
Invalid Address	<p><b>NOTE: This address will be marked as OVERRIDE.</b></p> <p>164 SYCAMORE LN JEFFERSON CITY, MO 65109</p> <p>County <input type="text"/></p>
Valid Addresses	
The lower score number indicates a closer address match.	No valid addresses were found.

[Save](#) | [Cancel](#)

## Checking for Medicare/Medicaid

If the client name is not on Medicaid, the screen will be empty. The 'View Medicaid Information' is transferred from the DSS database. **This screen is 'read only'**. The screen will display the current client at the top of the screen.

If a client name is displayed at the top of the screen and is on Medicaid, the screen will be filled in.



State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURIA**  
User: BETA

**CLIENT** **FINANCIAL**  
[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

Client - ROSES, MERRY [Change Client](#)

Client's Medicaid Status	
Status	Status Date

Parent/Guardian Medicaid Case Information	
DCN	Status
Telephone	
Address 1	
Address 2	
City	State Zip

Client's Medicaid Dates				
Begin Date	End Date	Program	Level Of Care	ME Code
1				

Client's Managed Care(Medicaid Only)			
Plan	Begin Date	End Date	Plan Number
1			

[Close](#)

Done Local intranet

## Checking for Medicare/Medicaid, continued

This screen shows all of the client and guardian (if applicable) information as well as the managed care information. If there is an open date but no close date, the client is on some sort of assistance.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURIA** User: BETA

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE** **Development**

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

**Client's Medicaid Status**

Status	0	Status Date	
--------	---	-------------	--

**Parent/Guardian Medicaid Case Information**

DCN	18053885	Status	5
Telephone			
Address 1	1007 INTL AVE BOX 605		
Address 2			
City	JOPLIN	State	MO
		Zip	64801

**Client's Medicaid Dates**

Begin Date	End Date	Program	Level Of Care	ME Code
9/1/2002	5/28/2006	AC		
9/1/2002	5/28/2006	A		
9/1/2002	5/28/2006			
1				

**Client's Managed Care(Medicaid Only)**

Plan	Begin Date	End Date	Plan Number
1			

[Close](#)

Local intranet

Please remember when pulling up or entering another client under client demographics, **verify** the client address and other personal information is correct. We have encountered several forms that were entered for a different client, but only the client name was changed. This leads to duplicate records in the system and results in errors on the data submitted to CDC. **Until a software programming change is complete, please make sure the date of birth and SSN are correct for the client form being entered.**

## Entering Provider and Form Type Information

On the 'Provider Information' section, select either 'Regular' or 'Direct Billing'. If 'Direct Billing' is selected, a referring provider must be entered. Type in the provider's name and select the appropriate provider. If 'Regular Billing' is selected, a referring provider is not necessary.

When entering information in this section is complete, proceed to the next section – 'Form Type/Version.'

This section has two parts: a) when one of the forms is selected, the version will be filled in and b) during the first few months of the new grant year, there could be multiple versions. By default, the software automatically selects the version based on the present date. To enter a form with a different date of service, select a different version from the drop down box.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURI**

Current Client: DOE, JANE A 1415 SEYANSTON KANSAS CITY, MO 64108 No Phone Information Found

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATION** **FORM DEVELOPMENT**

▶SUBMIT NEW FORMS / BILLING ▶VIEW MEDICATION INFORMATION

[Show Instructions](#)

**Submit Form**

**Client Information** -- Please verify address and demographics below and update as needed.

Client Name: DOE, JANE A ? [Update Client Information](#)

Address: 1234 PINEAPPLE LN

SSN: 123-45-6789 Sex: FEMALE  
DOB: 4/24/1949 Race: WHITE  
DCN: 63045628 Ethnicity: NON HISPANIC

City, State Zip: JEFFERSON CITY, MO 65102 Phone: - - ☒ No Phone

**Provider Information**

☒ Regular Billing ☐ Direct Billing

Provider: OREGON COUNTY HEALTH DEPARTMENT Referring Provider:

Service Name/Address: JONES, INDIANA K - 416 MARKET STREET, ALTON, MO 65606

**Form Type/Version**

Type: Patient History (Green)  
Version: Forms for Services Provided On or After June 30, 2007

Done

## Entering Provider and Form Type Information continued

Under the gray heading, 'Form Type/Version', click on the correct form 'Type' for the submitted information:

- Breast Diagnosis and Treatment (purple)
- Cervical Diagnosis and Treatment (yellow)
- Patient History (green)
- Screening Reporting Form (blue)
- WISEWOMAN Form (pink)

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURI**

Current Client: PERSON, NOTA 88888888 RANDOM STREET JACKSON, KS 65109 County: ADAIR (458) 869-5236

**CLIENT PROVIDER FINANCIAL ADMINISTRATIVE**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

### Submit Form

**Client Information** — Please verify address and demographics below and update as needed.

Client Name: PERSON, NOTA ? [Update Client Information](#)

Address: 88888888 RANDOM STREET

SSN: [ ] - [ ] - [ ] ☐ SSN Not Available

DOB: 1/1/1901 Sex: FEMALE

DCN: 62217117 Race: PACIFIC ISLANDER -

Ethnicity: HISPANIC

City, State, Zip: JACKSON, KS 65109 Phone: 458 - 869 - 5236 ☐ No Phone

**Provider Information**

☐ Regular Billing ☐ Direct Billing

Provider: [ ] Referring Provider: [ ]

Service Name/Address: [ ]

**Form Type/Version**

Type: Patient History (Green)

Version:

- Breast Diagnosis and Treatment (Purple)
- Cervical Diagnosis and Treatment (Yellow)
- Patient History (Green)
- Screening Reporting Form (Blue)
- WISEWOMAN Form
- Colorectal History Form
- Colorectal Screening Form

Create Form Close

Page: 2 of 4 Words: 29 Local intranet



## Entering Provider and Form Type Information continued

Click on the correct form 'Version': ('Forms for Services Provided On or After June 30, 20\_\_'). Dates must correspond with the service dates being submitted. Click on the correct form 'Version' for the submitted information:

- Forms for Services Provided On or After June 30, of the appropriate grant year.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** [SHOW ME HEALTHY MISSOURI](#)

Current Client: PERSON, NOTA 88888888 RANDOM STREET JACKSON, KS 65109 County: ADAIR (458) 869-5236

**CLIENT PROVIDER FINANCIAL ADMINISTRATIVE**

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#)

### Submit Form

**Client Information** -- Please verify address and demographics below and update as needed.

Client Name: PERSON, NOTA ? [Update Client Information](#)

Address: 88888888 RANDOM STREET

SSN: [ ] - [ ] - [ ] ☐ SSN Not Available

DOB: 1/1/1901 Sex: FEMALE

DCN: 62217117 Race: PACIFIC ISLANDER -

Ethnicity: HISPANIC

City, State, Zip: JACKSON, KS 65109 Phone: 458 - 869 - 5236 ☐ No Phone

**Provider Information**

☐ Regular Billing ☐ Direct Billing

Provider: [ ] Referring Provider: [ ]

Service Name/Address: [ ]

**Form Type/Version**

Type: Patient History (Green)

Version: Forms for Services Provided On or After June 30, 2009

Forms for Services Provided On or After June 30, 2009

Forms for Services Provided On or After June 30, 2008

Forms for Services Provided On or After June 30, 2007

Forms for Services Provided On or After June 30, 2006

Forms for Services Provided On or After June 30, 2005

Forms for Services Provided On or After June 30, 2004

Create Form Close

Local Intra

## Filling Out a Form

The name is displayed before entering the data. The form on the screen is the same as the paper form. Fill in the form and click the 'Submit' button at the bottom of the screen to submit/save.

To fill in the forms use the mouse, tab key, or the space bar. To use the mouse, click on the drop down arrow and then select the appropriate choice. If using the mouse for buttons, just click inside the circle. All forms work the same way.

- If content of the drop down box is known, then tab to the empty field and type the first letter. The word will appear.
- Tab to the next field.
- When tabbing and encountering a square radio button, hit the space bar to fill it in.
- Tabbing to a radio button will automatically fill in the circle when highlighted.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

SHOW ME HEALTH

Current Client: BROWN, MARY    2322 W WASHINGTON    UNIONVILLE, MO 90210    No Phone Information Found

CLIENT

PROVIDER

FINANCIAL

ADMINISTRATIVE Development

SUBMIT NEW FORMS / BILLING    VIEW MEDICAID INFORMATION

Show Instructions

Patient History

Ver. - 64

Provider SAMH Number -  
Service Address    23730993701 - 416 MARKET STREET, ALTON, MO 65606

A. PERSONAL HISTORY

Name (Last, First, Middle Initial)    BROWN, MARY

Maiden Name

Date of Birth    8/3/1942    Social Security Number    015-65-5524

Medicaid DCN / Medicare Number    01565524

Ethnicity:    NON HISPANIC

Race:    , BLACK

Marital Status:

Date Form Received:    MM/DD/YYYY

Date of Visit    MM/DD/YYYY

Number of Household Members    Household Income (Monthly)

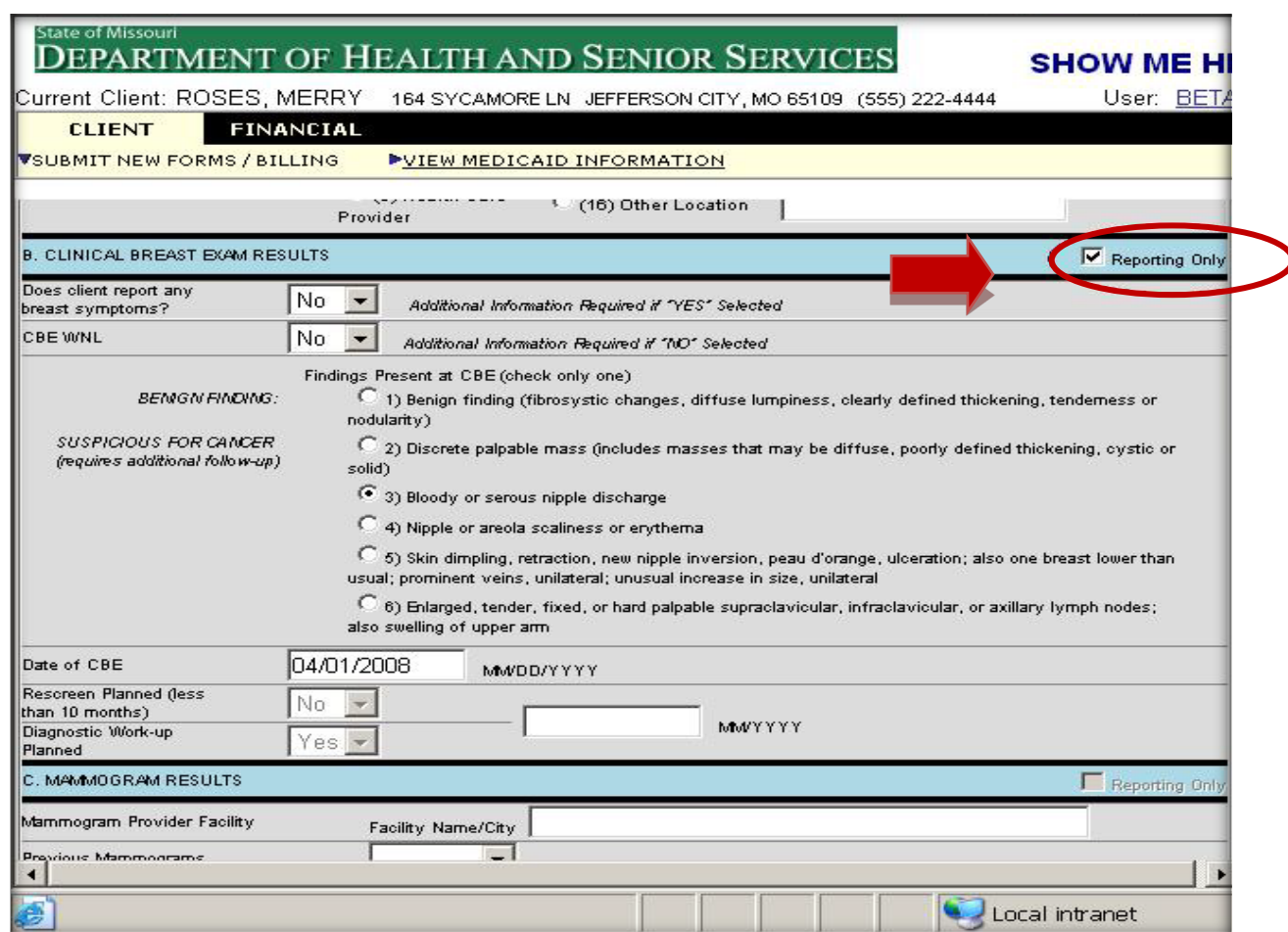
How did you hear about SMHW?

☐ (1) Physician    ☐ (9) Health Fair  
☐ (2) Clinic    ☐ (10) Health Coalition  
☐ (3) Television    ☐ (11) Outreach Worker

## How to Complete 'Reporting Only' Process

EXAMPLE: A client who is eligible for SMHW diagnostic services is referred from an outside provider. The client has had a breast or cervical screening/diagnostic that is suspicious for cancer. Cancer diagnosis by a tissue biopsy is unconfirmed.

- Verify client eligibility
- Have client sign SMHW Client Eligibility Agreement form
- Complete green History form
- Enter data into MOHSAIC from green History form
- Enter the abnormal screening information on the blue Screening form as Reporting Only.



State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

Current Client: ROSES, MERRY 164 SYCAMORE LN JEFFERSON CITY, MO 65109 (555) 222-4444 User: BETA

**CLIENT** **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

Provider (16) Other Location

**B. CLINICAL BREAST EXAM RESULTS**

Does client report any breast symptoms?  Additional Information Required if "YES" Selected

CBE WNL  Additional Information Required if "NO" Selected

**BENIGN FINDING:**

**SUSPICIOUS FOR CANCER**  
(requires additional follow-up)

Findings Present at CBE (check only one)

☐ 1) Benign finding (fibrosystic changes, diffuse lumpiness, clearly defined thickening, tenderness or nodularity)

☐ 2) Discrete palpable mass (includes masses that may be diffuse, poorly defined thickening, cystic or solid)

☒ 3) Bloody or serous nipple discharge

☐ 4) Nipple or areola scaliness or erythema

☐ 5) Skin dimpling, retraction, new nipple inversion, peau d'orange, ulceration; also one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral

☐ 6) Enlarged, tender, fixed, or hard palpable supraclavicular, infraclavicular, or axillary lymph nodes; also swelling of upper arm

Date of CBE  MM/DD/YYYY

Rescreen Planned (less than 10 months)

Diagnostic Work-up Planned  MM/YYYY

**C. MAMMOGRAM RESULTS**

Mammogram Provider Facility Facility Name/City

Previous Mammograms

Local intranet

## Screening Report Form

If a SMHW provider performs additional breast/cervical procedures, enter the data and check the appropriate visit type.

If no SMHW screening services are provided by a SMHW provider, check the appropriate 'Visit Type' and check the 'Referral Fee' box if requesting the \$20 referral fee. Provider reimbursement is for the referral fee only, not an office visit.

Report any other outside diagnostic procedures completed prior to enrollment on the appropriate diagnostic form as 'Reporting Only' and report SMHW follow-up procedures as usual.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME H**

Current Client: ROSES, MERRY 164 SYCAMORE LN JEFFERSON CITY, MO 65109 (555) 222-4444 User: BET

**CLIENT** **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

Show Instructions

**Screening Report** Ver. - 64

Provider SAMH Number - Service Address 43601779101 - SHANNON COUNTY HEALTH DEPARTMENT  
119 GREY JONES STREET, EMINENCE, MO 65466

**A. PERSONAL DATA**

Name (Last, First, Middle Initial) ROSES, MERRY

Maiden Name

Date of Birth 4/16/1946 Social Security Number 555-52-5555 Medicaid DCN/Medicare Number 63045633

Annual Visit Type

☒ Referral Fee ☐ Client Eligibility Verified

☐ Insurance Coverage ☐ Deductible Met

Type of Medicare

How did you hear about SMHW?

☐ (1) Physician ☐ (9) Health Fair  
☒ (2) Clinic ☐ (10) Health Coalition  
☐ (3) Television ☐ (11) Outreach Worker  
☐ (4) Radio ☐ (12) Relative/Friend  
☐ (5) Printed Ad ☐ (13) University Extension

Local intranet



## Lesson 2: Financial

In Lesson 2, learn how to:

- Check provider contract information
- Check daily summary of forms submitted
- Review pay status of forms

### Provider Contract Information

When clicking the 'Provider Contract Information' the financial information is automatically displayed. This screen tracks and displays the amount of funding given, amount billed, amount paid, and amount available. The billed amount subtracts from the amount available upon submission.

If this information does not correspond with your records, contact the SMHW billing coordinator at 866-726-9926. SHMW encourages you to monitor/track your funds through your internal system.

### Daily Summary of Forms Submitted

Click on the 'Daily Summary of Forms Submitted' and then click on the month and day to display. Click the arrows on the month bar to change the month and then select the day to display. This will display the client's financial information by type, date and amount.

Clicking on 'Display Full List to Print' will display the screen for sending to the default printer. Clicking on the 'Print Listing' button will generate a print job. Choose the printer on the print screen and click print. If a printout is not needed, click the 'Close' button to return to the main screen.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTHY MISSOURI**

CLIENT FINANCIAL  
DAILY SUMMARY OF FORMS SUBMITTED PREVIEW PAY STATUS OF FORMS PROVIDER CONTRACT INFORMATION

[Show Instructions](#)

**Summary of Forms**

Provider Name: SHANNON COUNTY HEALTH DEPARTMENT

≤ April 2008 ≥

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Select a Highlighted Date to Display Forms for this Provider for the Selected Date

## Review Pay Status of Forms

Searching for all records submitted or for a specific client is possible. There are four form status types:

- Submitted by Provider,
- Approved,
- Released to Finance for Payment, and
- Check Mailed.

Each indicates a different step in the review and payment process.

Searching for a client will display all forms submitted for that client and the pay status. Click on 'Form Status' to view all clients under the criteria or click multiple items to display all the selections. (Example: 'Check Mailed')

Entering the date range will display all forms status for the range. Click the 'Search' button to display results.

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTHY MISSOURI

CLIENT

FINANCIAL

[DAILY SUMMARY OF FORMS SUBMITTED](#)
[REVIEW PAY STATUS OF FORMS](#)
[PROVIDER CONTRACT INFORMATION](#)

[Show Instructions](#)

Pay Status of Forms

Provider Name:	SHANNON COUNTY HEALTH DEPARTMENT		
Client Name:	Last:	First:	
Form Status:	<input checked="" type="checkbox"/> Submitted By Provider <input checked="" type="checkbox"/> Approved		
<a href="#">Uncheck All</a>	<input checked="" type="checkbox"/> Released To Finance For Payment <input checked="" type="checkbox"/> Check Mailed		
Visit Date Range:	Begin Date:	End Date:	
		Search	Clear
		Close	

## Review Pay Status of Forms, continued

The 'Form Type' and 'Total Amount Paid' columns show in blue. Clicking on either one brings up the form or the claim screen to review. **The claim screen form is 'read only'.**

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

SHOW ME HEALTHY MI

CLIENT

FINANCIAL

[DAILY SUMMARY OF FORMS SUBMITTED](#)
[REVIEW PAY STATUS OF FORMS](#)
[PROVIDER CONTRACT INFORMATION](#)

Provider Name: SHANNON COUNTY HEALTH DEPARTMENT

Client Name:

Last:

First:

Form Status:

☒ Submitted By Provider

☒ Approved

[Uncheck All](#)

☒ Released To Finance For Payment

☒ Check Mailed

Visit Date Range:

Begin Date:

End Date:

Search

Clear

Client Name at Time of Visit	Visit Date	Form Type	Amt Billed	Original Amt Paid	Adjustment	Total Amt Paid	Status	Warrant Date
ROSES, MERRY	04/16/2008	Screening	\$0.00		\$0.00	\$0.00	SUBMITTED BY PROVIDER	

1



## Review Pay Status of Forms, continued

Clicking on the 'Amount Billed' link will display the detailed information for that client and date. **This form is 'read only'.**

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

SHOW ME HEALTHY MISSOURIA

User: [BETA](#)

**CLIENT**

**FINANCIAL**

[DAILY SUMMARY OF FORMS SUBMITTED](#)
[REVIEW PAY STATUS OF FORMS](#)
[PROVIDER CONTRACT INFORMATION](#)

[Show Instructions](#)

**CLAIM DETAILS**

Client Name :	ROSES, MERRY	Form Type :	SCREENING
Visit Date :	4/16/2008	Visit Type :	Initial
Begin Date :	4/16/2008	End Date :	4/16/2008
Total Amount Billed :	\$0.00	Total Amount Paid :	\$0.00

**SERVICE DETAILS**

Service Type	Fund for Payment	<a href="#">Amount Billed</a>	<a href="#">Amount Paid</a>	Comments
OFFICE OUTPT NEW 30 MIN		\$0.00	\$0.00	
1				
Total Amount Billed on Services: \$0.00		Total Amount Paid on Services: \$0.00		
<a href="#">Close</a>				

CPT™ only Copyright 2004 American Medical Association. All rights Reserved. No fee schedules, basic unit, relative values or related listings are included in CPT™. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained herein.

Done
Local intranet

Address questions and general assistance requests to the central office staff by calling SMHW/WISEWOMAN at 866-726-9926.

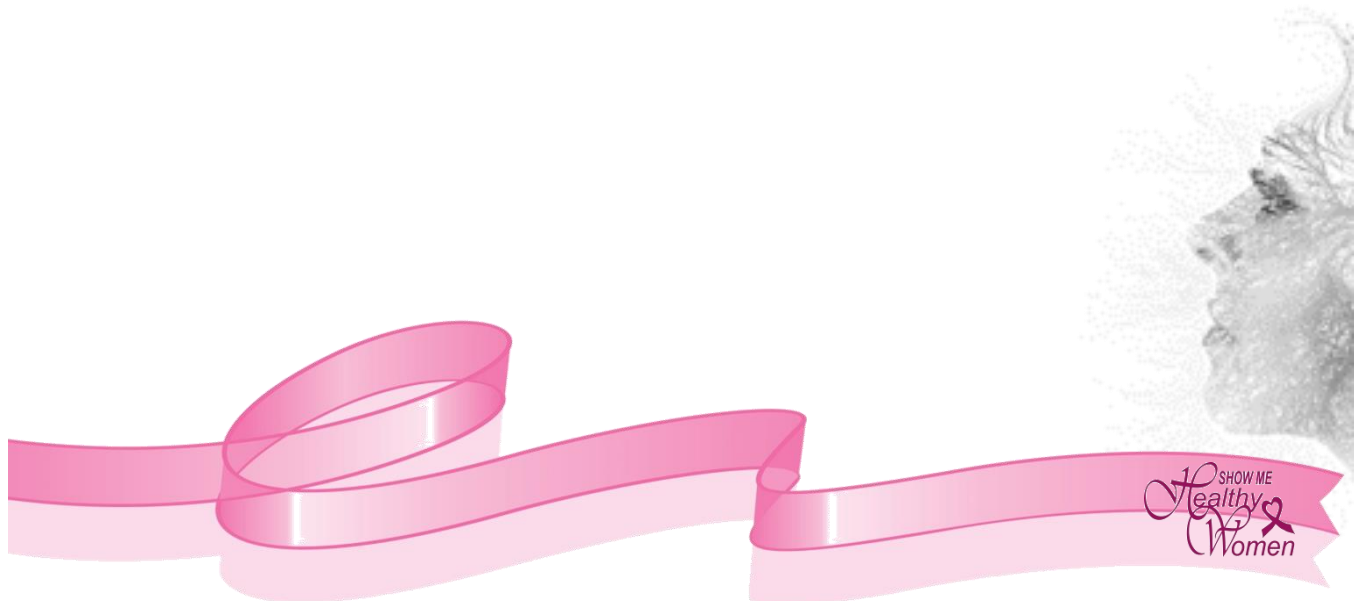
**Direct specific questions or concerns with MOHSAIC to the ITSD Help Desk 800-347-0887 or by e-mail at [support@health.mo.gov](mailto:support@health.mo.gov).**

---

## Patient Navigation

---

Patient Navigation .....	12.1
'Navigation – Only' Enrollment Status .....	12.2
Patient Navigation Services .....	12.3
MOHSAIC Navigation Form Sections.....	12.5
The SMHW Navigation Form Link.....	12.11
Terminating Patient Navigation .....	12.12
Case Management.....	12.12
Terminating Case Management .....	12.13
Lost to Follow-up Cases.....	12.13
Quality Assurance/Quality Improvement .....	12.14
SMHW Cancer Resources .....	12.15



---

## Patient Navigation

---

### Navigation

The CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), defines Patient Navigation as **an individualized intervention providing patients who have never been screened or not screened within the last 3-5 years**, (females 50-64 years of age for breast cancer screening and females 35-64 years of age for CBE and cervical cancer screening), assistance to obtain screening services. Patient navigation is time intensive; therefore, navigation focuses on clients who otherwise would not complete recommended screening or diagnostic testing.

In order to more accurately capture the reach of the NBCCEDP, and therefore Missouri's SMHW program, reporting of patient navigation services for age and income eligible patients is encouraged and will now be a billable service under the SMHW program. Patient navigation services are not limited to enrolled eligible SMHW clients.

**Patient navigation is primarily provided through primary care providers facilitating screening services.**

Patient navigation assists a patient so they can move through health care in a timely manner without the road stops of a complex health care environment. This includes moving the patient through distinct health care settings such as primary care (clinic) and tertiary care (hospital). The goal is to eliminate barriers to timely health care through a one-to-one relationship between a navigator and the patient. No matter what phase of health care, the patient should benefit from an appropriately trained navigator at the phase of health care.

A patient navigator works with patients to reduce real and perceived barriers to health care. The services provided depend on barriers identified and actions taken to alleviate the barriers. Common barriers include the inability to schedule and keep appointments, English as a second language, confusing medical information, lack of insurance, limited finances, and lack of or limited transportation to and from home. Other barriers may emerge and must be recognized and addressed as the navigation plan develops.

Navigation is an early phase of health care and includes education about cancer prevention, cancer risk factors and the need for screening for those patients not engaged with obtaining health care or not a part of a health care system. It may also include educating patients already within a health care organization who have not received screening services. For patients already engaged with a health care organization, navigation may include education regarding timely follow up appointments for further studies or beginning treatment.

If patient navigation is delivered consistently with CDC policy, the woman meets age and income requirements, and the patient completes the screening/diagnostics then navigation services can be reimbursed. The navigation form completion must reflect the CDC's six (6) requirements:

1. Written assessment of individual patient barriers to cancer screening diagnostics/initiation of treatment
2. Provision of education and support for the patient
3. Resolution of barriers to obtaining cancer screening/diagnostics/initiation of treatment
4. Tracking of the patient to assure completed screening/diagnostics/initiation of treatment

5. A minimum of two (2), preferably more, patient contacts
6. Data collection and data review in aggregate to evaluate outcomes of patient navigation (the delivery of cancer screening and/or diagnostic testing, final diagnosis and treatment initiation if needed).

CDC considers case management for women with abnormal screening results a type of patient navigation, as long as the aforementioned activities are performed.

Navigation services are not limited to enrolled eligible SMHW clients. Women who meet age and income requirements but who have insurance to pay for screening and diagnostic services can receive navigation services. This enrollment status is called 'Navigation Only'.

## 'Navigation-Only' Enrollment Status

Beginning in 2019, SMHW has added an enrollment status in MOHSAIC called 'Navigation-Only'. The enrollment status of 'Navigation-Only' allows payment for navigation services provided to a woman who meets age and income requirements and has group or private insurance to pay for the screening and diagnostic services. 'Navigation-Only' enrollment is prioritized for populations that are predominantly low-income (<200 FPL) and are of appropriate age per screening guidelines. Women receiving 'Navigation Only' services will be included in CDC's reporting of women served through NBCCEDP.

Payer Sources Eligible for 'Navigation Only' Services	
Payer Source	Eligibility
Private or Group Insurance	Yes
Medicaid	Yes
MO HealthNet	Yes
Medicare Part B	No
Susan G. Komen	No
Title X	Yes

When the patient completes the screening/diagnostic services paid by insurance and patient navigation is delivered consistently with CDC policy (meets age and income requirements), navigation services for that patient can be paid by SMHW. The client can be enrolled in the SMHW program with an abbreviated record. The abbreviated record includes the SMHW Patient History form (green) and the Patient Navigation Form (gray). Reporting the results of the screening or diagnostic services is necessary for payment by selecting 'Reporting Only' on the screening or diagnostic forms as applicable. **A process for report/result sharing between agencies is required, as is informing each patient their record/result is shared.**

To qualify for enrollment into 'Navigation Only' with a SMHW abbreviated record, **the following six (6) requirements must be met.**

1. Assessment of individual patient barriers to cancer screening/diagnostics/initiation of treatment
2. Provision of education and support for the patient
3. Resolution of barriers to obtaining cancer screening/diagnostics/initiation of treatment

4. Tracking of the patient to assure completed screening/diagnostics/initiation of treatment
5. A minimum of two (2), preferably more, patient contacts
6. Review in aggregate, date to evaluate primary outcomes of patient navigation, which are cancer screening and/or diagnostic testing, final diagnosis and treatment initiation if needed.

CDC considers case management for women with abnormal screening results a type of patient navigation, as long as the performances of aforementioned activities are complete.

Populations/Patients Navigation Services Eligibility	
Patient Types	
SMHW Eligible	Females Age 35-64 Cervical and CBE
SMHW Eligible	Females Age 35-64 with a Breast Abnormality
SMHW Eligible	Females Age 50-64 Breast
Non-Eligible SMHW	'Navigation Only' females Age 35-64 Cervical and CBE
Non-Eligible SMHW	'Navigation Only' females Age 35-64 with a Breast Abnormality
Non-Eligible SMHW	'Navigation Only' Females Age 50-64

## Patient Navigation Services

Health care organizations must assess their capacity to support increased patient activity and anticipate increases in screening rates.

Health care organizations with patient navigation involving medical record review and required documentation know exactly who is due for breast or cervical cancer screening and subsequently contact those patients to encourage them to come in for the screening.

In managing navigation services, the organization asks the following in their capacity assessment:

- What setting -- primary care clinic, community-based affiliate, or regional-based tertiary care?
- Who is the target audience and priority population?
- How to provide services – in person, by phone, or both?
- Who will serve as navigator—lay person, nurse, other?
- Who will all the partners be and how will they work together?

These organizations dedicate staff time to the appropriate phase of health care navigation for their patients.

Effectiveness evaluation components are “no-show” rates, completion of screening exams, and timely follow-up. A successful navigation program will see a reduction in “no-show” rates, an increase in completion of screening exams, and consistent timely follow-up of abnormal test results.

Assigning responsibility for specific tasks increases an organization's accountability for patient navigation. Consider these tasks for patient navigation:

Navigation Services Tasks	
In Reach/Outreach	Person Responsible
Identify clinic patients with need of screening	
Contact and educate eligible patients about screening	
Educate individuals in the community about breast and/or cervical cancer screening	
Obtain Release of Information documentation	
Financial	
Verify income and insurance status	
Help patient apply for financial assistance programs as applicable to reduce out-of-pocket costs	
Education	
Explain screening procedures and what preparation may be required	
Explain anatomy	
Emphasize the medical need for screening services	
Provide printed and verbal information at an appropriate level of understanding for the patient	
Provide printed and verbal information in the appropriate language	
Barrier Reduction	
Assure patient has transportation to and from screening services; schedule transportation services as necessary	
Work with the patient to overcome perceived barriers and actual common barriers	
Provide language translation services	
Optimize clinic visits to limit the number, as applicable	
Dependency care (children, elderly)	
Recognize health information can be complicated and therefore intimidating in all phases of health care	
Reminders	
Place reminder calls to decrease no-show rates	
Keep a tickler system for follow-up	
Provide reminders in the appropriate language	

Care Coordination	
Obtain reports/results from diagnostic agencies. Provide Release of Information form obtained from the patient	
Follow-up with patients about results of testing; be sure they understand results; when they should be re-screened; how to access further care as necessary	
Assist with setting up medical and transportation appointments	
Provide a primary contact for questions	
Program Reporting	
Maintain files/records for fiscal and quality improvement evaluation	
Participate in program updates	

## MOHSAIC Navigation Form Sections

Sample form for patient navigated for Screening Services

Assessment:

Client/Patient Navigation		Ver. -
ENROLLMENT SITE/SATELITE(NAME AND ADDRESS)	NAVIGATOR NAME	DATE (MM/DD/YYYY)
DOH-CENTRAL OFFICE	LOLEITA WOOD	7/1/2019
<b>A. PERSONAL DATA</b> <a href="#">(Clear Section)</a>		
NAME(LAST, FIRST, MIDDLE, INITIAL)	ID TYPE(CHOOSE ONE)	ID Number
TOTO, ROSANNA	DCN(Medicaid)	65826627
Client Eligibility Verified	Insurance Coverage	Deductible Met
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date of Birth(MM/DD/YYYY)	CLIENT REFUSES NAVIGATION SERVICES	CLIENT(CHOOSE IF APPLICABLE)
8/31/1964	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Moved away <input type="radio"/> Deceased <input type="radio"/> Unable to locate <input type="radio"/> Lost to follow-up
<b>B. CLIENT ASSESSMENT</b> <a href="#">(Clear Section)</a>		
ASSESSMENT TYPE	CONTACT METHOD	LENGTH OF VISIT
<input checked="" type="checkbox"/> Initial	Phone call	Less than 15 minute
<input checked="" type="checkbox"/> Follow-up visit one	In Person	16-30 minutes
<input type="checkbox"/> Follow-up visit two	Please pick method	Please pick length
<input type="checkbox"/> Follow-up visit three	Please pick method	Please pick length
<input type="checkbox"/> Follow-up visit four	Please pick method	Please pick length
TYPE OF NAVIGATION COMPLETED(CHOOSE ONE)	SERVICES NEEDED(CHOOSE ONE)	
Navigation into Screening Services	Screening - Breast and Cervical	

## Barrier Identification:

BARRIERS		
<b>SYSTEM BARRIERS (CHOOSE ALL THAT APPLY)</b>		
<input checked="" type="checkbox"/> Healthcare provider is >60 miles	<input type="checkbox"/> Housing issue/homeless	<input type="checkbox"/> Lacks capacity to enroll in a health insurance plan
<input type="checkbox"/> No healthcare provider	<input type="checkbox"/> No phone/invalid phone number	<input type="checkbox"/> Provider unable to bill insurance
<input type="checkbox"/> Transportation schedule is inconvenient	<input type="checkbox"/> Unable to schedule an appointment	<input type="checkbox"/> Unable to take off work
<input type="checkbox"/> Other		
<b>FINANCIAL BARRIERS (CHOOSE ALL THAT APPLY)</b>		
<input checked="" type="checkbox"/> Has dependents/is a caregiver	<input type="checkbox"/> Insurance has high deductible	<input checked="" type="checkbox"/> Lack of/can not afford transportation
<input type="checkbox"/> No Health Insurance plan	<input type="checkbox"/> Underinsured	
<input type="checkbox"/> Other		
<b>PSYCHOSOCIAL BARRIERS (CHOOSE ALL THAT APPLY)</b>		
<input type="checkbox"/> Cultural/faith-based concerns	<input type="checkbox"/> Education level	<input type="checkbox"/> Education required on cancer
<input type="checkbox"/> Education required on lifestyle changes	<input type="checkbox"/> Education required on refusing services/care/treatment	
<input type="checkbox"/> Education required on screening/diagnostics	<input type="checkbox"/> Education required on self-care v.s. medical care	
<input type="checkbox"/> Fear/denial	<input checked="" type="checkbox"/> Has concerns about health	
<input type="checkbox"/> Other		
<b>COMMUNICATION BARRIERS (CHOOSE ALL THAT APPLY)</b>		
<input type="checkbox"/> Confused/overwhelmed	<input type="checkbox"/> Cultural concerns	<input type="checkbox"/> Does not understand/health literacy
<input type="checkbox"/> Needs interpreter	<input type="checkbox"/> Unable to read	
<input type="checkbox"/> Other		



Actions:

ACTION PLAN	
<b>COUNSELING/COMMUNICATION/EDUCATION(CHOOSE ALL THAT APPLY)</b>	
<input type="checkbox"/>	Advocated on client's behalf (specify) _____
<input type="checkbox"/>	Counseled regarding (specify) _____
<input type="checkbox"/>	Discussed client concerns
<input type="checkbox"/>	Discussed diagnostic plan options
<input checked="" type="checkbox"/>	Discussed options of available services
<input type="checkbox"/>	Discussed treatment plan options
<input type="checkbox"/>	Educated client on available resources
<input type="checkbox"/>	Educated client with "Teach-back" method on (specify) _____
<input type="checkbox"/>	Notified Regional Program Coordinator (RPC) for assistance
<input type="checkbox"/>	Provided interpreter services (specify language) _____
<input type="checkbox"/>	Provided culturally appropriate brochure/information
<input type="checkbox"/>	Provided educational level appropriate brochure/information
<input type="checkbox"/>	Provided literacy level appropriate brochure/information
<input type="checkbox"/>	Other _____
<b>REFERRALS/APPOINTMENTS (CHOOSE ALL THAT APPLY)</b>	
<input type="checkbox"/>	Referred to SMHW Provider (specify) _____
<input type="checkbox"/>	Referred to breast and/or cervical care provider (specify) _____
<input type="checkbox"/>	Referred to other health care services (specify) _____
<input type="checkbox"/>	Referred to Breast and Cervical Cancer Treatment (BCCT) Program
<input type="checkbox"/>	Referred to transportation resources
<input checked="" type="checkbox"/>	Scheduled appointment for screening services
<input type="checkbox"/>	Scheduled appointment for diagnostic services
<input type="checkbox"/>	Scheduled appointment for transportation services
<input type="checkbox"/>	Referred to legal services
<input type="checkbox"/>	Referred to local agency for assistance (specify) _____
<input type="checkbox"/>	Other _____
<b>SERVICES ENROLLMENT (CHOOSE ALL THAT APPLY)</b>	
<input checked="" type="checkbox"/>	Enrolled for Navigation Services only
<input type="checkbox"/>	Enrolled in SMHW Program
<input type="checkbox"/>	Facilitated enrollment in BCCT Program
<input type="checkbox"/>	Facilitated enrollment in health insurance plan
<input type="checkbox"/>	Facilitated enrollment in Medicare/Medicaid
<input type="checkbox"/>	Other _____
<b>SERVICES IMPLEMENTATION PLAN (CHOOSE ONE)</b>	
0-60 days ▼	
<b>D. COMMENTS</b> <span style="float: right;">(Clear Section)</span>	
<b>BARRIERS/ ACTION PLAN/ MANAGEMENT/ NAVIGATION NOTES</b> <span style="color: red;">Maximum length is 1536 characters.</span>	

## Outcome

E. FINAL OUTCOMES <span style="float: right;">(Clear Section)</span>		
FINAL OUTCOMES (CHOOSE ALL THAT APPLY)		
<input type="checkbox"/> Diagnostic work-up planned	<input type="checkbox"/> Diagnostic work-up completed	<input type="checkbox"/> Enrolled in BCCT Program
<input type="checkbox"/> Enrolled in a health insurance plan	<input type="checkbox"/> Enrolled in Medicare/Medicaid	<input type="checkbox"/> Improved client adherence
<input type="checkbox"/> Improved client satisfaction	<input type="checkbox"/> Improved timeliness of care	<input type="checkbox"/> Provided case management
<input type="checkbox"/> Received a treatment plan	<input type="checkbox"/> Reduced care fragmentation	<input checked="" type="checkbox"/> Screening completed-breast
<input checked="" type="checkbox"/> Screening completed-cervical	<input type="checkbox"/> Treatment initiated-cancer	<input type="checkbox"/> Treatment completed-released by MD
<input type="checkbox"/> Other <input type="text"/>		
DATE NAVIGATION COMPLETED (MM/DD/YYYY)		SMHW ELIGIBLE
<input type="text" value="07/01/2019"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="checkbox"/> Claims Problem <input type="checkbox"/> Override
<input type="button" value="Edit Form"/>	<input type="button" value="Process Complete"/>	<input type="button" value="Claims"/> <input type="button" value="Close"/>
Do not submit the "Navigation Form" until results of testing have been obtained and reported		
Select one of the following forms to open after submit <span style="color: blue;">(Clear Choice)</span>		
<input type="radio"/> Screening		
<input type="radio"/> Breast Diagnostic Treatment		
<input type="radio"/> Cervical Diagnostic Treatment		

Sample form for patient navigates for Diagnostic Services

## Client/Patient Navigation

Client/Patient Navigation		Ver. -
ENROLLMENT SITE/SATELITE (NAME AND ADDRESS)	NAVIGATOR NAME	DATE (MM/DD/YYYY)
DOH-CENTRAL OFFICE	Loleita L. Wood	4/12/2019
<div>(Clear Section)</div>		
A. PERSONAL DATA		
NAME (LAST, FIRST, MIDDLE, INITIAL)	ID TYPE (CHOOSE ONE)	ID Number
PACIFIC, BLUE	DCN (Medicaid)	65553096
Client Eligibility Verified	Insurance Coverage	Social Security Number
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	555112222
Date of Birth (MM/DD/YYYY)	CLIENT REFUSES NAVIGATION SERVICES	CLIENT (CHOOSE IF APPLICABLE)
3/9/1968	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Moved away <input type="radio"/> Deceased <input type="radio"/> Unable to locate <input type="radio"/> Lost to follow-up
<div>(Clear Section)</div>		
B. CLIENT ASSESSMENT		
ASSESSMENT TYPE	CONTACT METHOD	LENGTH OF VISIT
<input checked="" type="checkbox"/> Initial	In Person	16-30 minutes
<input checked="" type="checkbox"/> Follow-up visit one	Phone call	Less than 15 minutes
<input type="checkbox"/> Follow-up visit two	Please pick method	Please pick length
<input type="checkbox"/> Follow-up visit three	Please pick method	Please pick length
<input type="checkbox"/> Follow-up visit four	Please pick method	Please pick length
TYPE OF NAVIGATION COMPLETED (CHOOSE ONE)	SERVICES NEEDED (CHOOSE ONE)	
Navigation into Diagnostic Services	Diagnostic - Breast and Cervical	

BARRIERS		
<b>SYSTEM BARRIERS(CHOOSE ALL THAT APPLY)</b>		
<input checked="" type="checkbox"/> Healthcare provider is >50 miles	<input type="checkbox"/> Housing issue/homeless	<input type="checkbox"/> Lacks capacity to enroll in a health insurance plan
<input checked="" type="checkbox"/> No healthcare provider	<input type="checkbox"/> No phone/invalid phone number	<input type="checkbox"/> Provider unable to bill insurance
<input type="checkbox"/> Transportation schedule is inconvenient	<input type="checkbox"/> Unable to schedule an appointment	<input type="checkbox"/> Unable to take off work
<input type="checkbox"/> Other		
<b>FINANCIAL BARRIERS(CHOOSE ALL THAT APPLY)</b>		
<input checked="" type="checkbox"/> Has dependents/is a caregiver	<input type="checkbox"/> Insurance has high deductible	<input checked="" type="checkbox"/> Lack of/cannot afford transportation
<input type="checkbox"/> No Health Insurance plan	<input type="checkbox"/> Underinsured	
<input type="checkbox"/> Other		
<b>PSYCHOSOCIAL BARRIERS(CHOOSE ALL THAT APPLY)</b>		
<input type="checkbox"/> Cultural/faith-based concerns	<input type="checkbox"/> Education level	<input type="checkbox"/> Education required on cancer
<input type="checkbox"/> Education required on lifestyle changes	<input type="checkbox"/> Education required on refusing services/care/treatment	
<input type="checkbox"/> Education required on screening/diagnostics	<input type="checkbox"/> Education required on self-care v.s. medical care	
<input checked="" type="checkbox"/> Fear/denial	<input checked="" type="checkbox"/> Has concerns about health	
<input type="checkbox"/> Other		
<b>COMMUNICATION BARRIERS(CHOOSE ALL THAT APPLY)</b>		
<input type="checkbox"/> Confused/overwhelmed	<input type="checkbox"/> Cultural concerns	<input type="checkbox"/> Does not understand(health literacy)
<input type="checkbox"/> Needs interpreter	<input type="checkbox"/> Unable to read	
<input type="checkbox"/> Other		

ACTION PLAN	
<b>COUNSELING/COMMUNICATION/EDUCATION(CHOOSE ALL THAT APPLY)</b>	
<input type="checkbox"/>	Advocated on client's behalf (specify) <input type="text"/>
<input checked="" type="checkbox"/>	Counseled regarding (specify) <input type="text" value="follow up on care"/>
<input type="checkbox"/>	Discussed client concerns
<input type="checkbox"/>	Discussed diagnostic plan options
<input type="checkbox"/>	Discussed options of available services
<input checked="" type="checkbox"/>	Discussed treatment plan options
<input type="checkbox"/>	Educated client on available resources
<input type="checkbox"/>	Educated client with "teach-back" method on (specify) <input type="text"/>
<input checked="" type="checkbox"/>	Notified Regional Program Coordinator (RPC) for assistance
<input type="checkbox"/>	Provided interpreter services (specify language) <input type="text"/>
<input type="checkbox"/>	Provided culturally appropriate brochure/information
<input type="checkbox"/>	Provided educational level appropriate brochure/information
<input type="checkbox"/>	Provided literacy level appropriate brochure/information
<input type="checkbox"/>	Other <input type="text"/>
<b>REFERRALS/APPOINTMENTS (CHOOSE ALL THAT APPLY)</b>	
<input checked="" type="checkbox"/>	Referred to SMHW Provider (specify) <input type="text" value="Jordan valley"/>
<input type="checkbox"/>	Referred to breast and/or cervical care provider (specify) <input type="text"/>
<input type="checkbox"/>	Referred to other health care services (specify) <input type="text"/>
<input type="checkbox"/>	Referred to Breast and Cervical Cancer Treatment (BCCT) Program
<input type="checkbox"/>	Referred to transportation resources
<input type="checkbox"/>	Scheduled appointment for screening services
<input checked="" type="checkbox"/>	Scheduled appointment for diagnostic services
<input checked="" type="checkbox"/>	Scheduled appointment for transportation services
<input type="checkbox"/>	Referred to legal services
<input type="checkbox"/>	Referred to local agency for assistance (specify) <input type="text"/>
<input type="checkbox"/>	Other <input type="text"/>
<b>SERVICES ENROLLMENT (CHOOSE ALL THAT APPLY)</b>	
<input type="checkbox"/>	Enrolled for Navigation Services only
<input checked="" type="checkbox"/>	Enrolled in SMHW Program
<input type="checkbox"/>	Facilitated enrollment in BCCT Program
<input type="checkbox"/>	Facilitated enrollment in health insurance plan
<input type="checkbox"/>	Facilitated enrollment in Medicare/Medicaid
<input type="checkbox"/>	Other <input type="text"/>
<b>SERVICES IMPLEMENTATION PLAN (CHOOSE ONE)</b>	
0-60 days <input type="button" value="v"/>	
<b>D. COMMENTS</b> <span style="float: right;">(Clear Section)</span>	
<b>BARRIERS/ ACTION PLAN/ MANAGEMENT/ NAVIGATION NOTES</b> <span style="color: red;">Maximum length is 1536 characters.</span>	

**E. FINAL OUTCOMES**
(Clear Section)

**FINAL OUTCOMES (CHOOSE ALL THAT APPLY)**

☐ Diagnostic work-up planned

☒ Diagnostic work-up completed

☐ Enrolled in BCCT Program

☐ Enrolled in a health insurance plan

☐ Enrolled in Medicare/Medicaid

☐ Improved client adherence

☐ Improved client satisfaction

☐ Improved timeliness of care

☐ Provided case management

☐ Received a treatment plan

☐ Reduced care fragmentation

☐ Screening completed-breast

☐ Screening completed-cervical

☐ Treatment initiated-cancer

☐ Treatment completed-released by MD

☐ Other

DATE NAVIGATION COMPLETED  
(MM/DD/YYYY)

SMHW ELIGIBLE  
☒ Yes ☐ No

☐ Claims Problem
 ☐ Override

Do not submit the "Navigation Form" until results of testing have been obtained and reported

Select one of the following forms to open after submit (Clear Choice)

☐ Screening  
☐ Breast Diagnostic Treatment  
☐ Cervical Diagnostic Treatment

## The SMHW Navigation Form Link

<https://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/pdf/client-patient-navigation-form.pdf>.

MDE data are required for women who receive NBCCEDP-funded 'Navigation Only'. The abbreviated record will include data on patient demographics, screening test type, date of test, test results, and final diagnosis.

Access to medical record information is necessary to complete the MDE record. MDE data for 'Navigated Only' clients are analyzed separately and excluded at this time in calculating the NBCCEDP core indicators.

In order to complete billing for Patient Navigation Services, reporting results of the screening and/or diagnostic is required in MOHSAIC. The table on the next page outlines required forms by Navigation Type.

SMHW is a payer of last resort. If a patient is eligible for navigation services through other funding, that funding source must be used, i.e., Komen.

Resources that may assist navigating clients through obtaining healthcare coverage include the Missouri Department of Social Services' Medicaid Program (<https://mydss.mo.gov/healthcare>).

Navigation Service Type	Appropriate Form				
	Eligibility Agreement	Patient History Form	Navigation Form	Screening Form	Diagnostic Form (as applicable)
SMHW Navigation	X	X	X	X	X
SMHW Navigation 'Reporting Only'	X	X	X		
Non Eligible SMHW 'Navigation Only'		X	X	X	X
Non Eligible SMHW 'Navigation Only' 'Reporting Only'		X	X		

## Terminating Patient Navigation

Depending on screening and diagnostic outcomes, patient navigation services terminate when a client:

1. Completes screening and has a normal result,
2. Completes diagnostic testing and has normal results,
3. Initiates cancer treatment, or
4. Refuses treatment.

## Case Management

Clients who have abnormal screening results receive follow-up services, up to the point of a final diagnosis and treatment start date. Achieve this through case management. The goal of case management is to ensure clients enrolled in the program receive timely and appropriate diagnostic and treatment services. An abnormal screening result is determined based on nationally recognized screening guidelines identified in the Provider Manual Chapters 5 and 6.

Non-clinical professionals may provide required case management activities, and a qualified health care professional (Registered Nurse, Nurse Practitioner, Physician Assistant or Physician in good standing to provide health care in Missouri) must have oversight. Although case management services vary based on an individual client's needs, at a minimum, case management must include the following activities:

- Notify the client of an abnormal result within a reasonable period of time (i.e., two (2) weeks from the date the procedure was performed),
- Assessment and resolution of barriers to diagnostics services,
- Assessment and resolution of barriers to initiation of cancer treatment, if treatment is indicated,
- Client education and support,
- Arrange diagnostic appointments on the client's behalf,

- Clients may not be given a referral list and asked to schedule their own appointment,
- Client tracking and follow-up to monitor client progress in completing diagnostics and initiating treatment, and
- A minimum of two contacts with the client over the course of the screening and diagnostic cycle.

## Terminating Case Management

When a client concludes cancer treatment, the treating physician releases the client to return to a schedule of routine screening, and the client continues to meet SMH eligibility requirements, the client may return to the program and receive all services, including patient navigation or case management.

Clients screened through SMHW clinical services who are subsequently insured may continue to receive patient navigation services. In such instances, agencies are encouraged to continue navigating clients to ensure diagnostic procedures are completed, and if a diagnosis of cancer, that treatment is initiated.

## Lost to Follow-up Cases

Funding received from the CDC is contingent upon SMHW meeting or exceeding several quality assurance parameters of the CDC Core Performance Indicators. Case managers must ensure and meet the following indicators for all SMHW clients with abnormal screening results:

- Ninety (**90**) percent or more of SMHW clients with abnormal findings achieve a definitive diagnosis.
- Seventy-five (**75**) percent or more of SMHW clients with an abnormal finding achieve a definitive diagnosis within **60 days or less**.

A SMHW client **contact and tracking system must be in place** to notify clients of abnormal results.

Contacts with a client should be clearly documented in a client's medical record and should include what type of follow-up is needed, the recommended timeframe for follow-up, and the clinical implications if the follow-up does not occur. Client contact continues until one of the following occurs and is documented in the medical record:

- Recommended follow-up evaluation complete and the client referred for treatment (if indicated),
- Made two documented attempts in contacting the client. If the client has a valid address, one of these attempts must either be in writing and sent as a certified letter or sent via client portal/email with a read receipt confirmation. Use of certified letters or read receipt emails early in the course of follow-up can expedite the notification process,
- Notified the Regional Program Coordinator after no response,
- Documented informed refusal in the client's medical record, or
- Documented in the client's medical record at least two contact attempts made (considered lost to follow-up).
  - a. This documentation should include the dates, types of contact attempted, and the outcomes.
  - b. If the client has a valid address, at least one of the contact attempts should be a certified letter with a return receipt. Keep a copy of the certified letter and the return receipt in the client's medical record.

Every client has the right to elect or refuse treatment. A client is considered to have refused service when one of the following has been carefully documented in the client's medical record:

- Client has verbally refused the follow-up care recommended.
- Client has refused in writing the follow-up care recommended.

Keep documentation of the informed refusal in the client's medical record. Include refused service or treatment and when the client was informed of the risks involved if recommended follow-up is not completed.

The elimination of cancer disparities is critically important for lessening the burden of cancer. Patient navigator programs improve clinical outcomes.

In response to Missouri women and providers reaching out to SMHW to inquire about additional cancer navigational resources, SMHW developed a list of Cancer Navigational Resources to assist in filling a gap in the current health care system. The following pages contain the SMHW Cancer Resources to help navigate Missouri women and families to help at many points along the health care journey: insurance problems, identification of available cancer screening programs, medication assistance, financial assistance, housing assistance during travels, etc.

## **Quality Assurance/Quality Improvement**

Documentation of Patient Navigation Services will be reviewing during the regular monitoring visits every two years and as necessary. Verification of eligibility for navigation services will be assessed. Notation of the assessment and appropriate interventions to assist with barrier reduction will be reviewed. Please refer to Section 8, Quality Assurance, for more information.



### Show Me Healthy Women Cancer Resources

Agency	Website	Name of Program	Enrollment Requirements	Services Offered	Primary Contact Name	Primary Contact Telephone	Primary Contact E-mail	Counties Covered
Access Family Care	<a href="http://www.accessfamlycare.org/">http://www.accessfamlycare.org/</a>	Discounted/Sliding Scale Fee	Medicaid, Medicare, insurance and self-pay accepted. Discount/Slide Scale Fee available to patients based on annual household income and current Federal Poverty Guidelines.	This is a Federally Qualified Health Center (FQHC) offering primary medical/dental care.	Administration Office-Neosho: 417-451-9450 Don McBride, CEO; Sheila Long, CFO; Debra Davison, COO	Clinic sites: Joplin 417-782-6200; Neosho 417-451-4447; Anderson 417-845-8300; Cassville 417-847-0057; Mount Vernon 417-461-0688; Lamar 417-681-0027	N/A	Barton, Jasper, Newton, Barry, Lawrence and McDonald Counties.
American Cancer Society	<a href="http://www.cancer.org/index">http://www.cancer.org/index</a>	American Cancer Society	N/A	Webpage: cancer resources for wigs, transportation, support, local offices, etc.	N/A	800-227-2345	Web chat available.	Check website link for local offices.
American Cancer Society	<a href="http://www.cancer.org">www.cancer.org</a>	Hope Lodge (associated with American Cancer Society)	Have a cancer diagnosis.	Free housing for cancer patients traveling to KC (must be 40 miles or > from home for any cancer treatment).	Karol Iser	816-218-7136	N/A	Live outside Kansas City area.
American Cancer Society	<a href="http://www.cancer.org/treatment/support/programsservices/hopelodge/stlouis/stlouis-is-about-our-facility">http://www.cancer.org/treatment/support/programsservices/hopelodge/stlouis/stlouis-is-about-our-facility</a>	Hope Lodge-St. Louis	Have a cancer diagnosis.	Free housing for cancer patient plus 1 caregiver traveling to St. Louis. Must be 40 miles or greater from home, for any cancer treatment.	N/A	314-286-8150	N/A	N/A

<b>Look Good, Feel Better</b>	<a href="https://lookgoodfeelbetter.org/programs/women/">https://lookgoodfeelbetter.org/programs/women/</a>	Look Good...Feel Better	For women undergoing cancer treatment.	Free two-hour workshop for women undergoing cancer treatment. This program helps improve the self-image, appearance, and quality of life of patients by teaching beauty techniques to help cope with the temporary appearance-related side effects of cancer.	N/A	800-395-5665	N/A	Workshops offered as in-person or as on-line virtual workshops.
<b>American Cancer Society</b>	<a href="http://www.cancer.org/treatment/supportprogramsservices/reach-to-recovery">http://www.cancer.org/treatment/supportprogramsservices/reach-to-recovery</a>	Reach to Recovery	Must have either a possible cancer diagnosis or a definite cancer diagnosis.	Support for patients with possible breast cancer, diagnosis, or recurrence, or late stage. Considering lumpectomy, reconstruction etc. Telephone or face-to-face is provided by volunteers who are breast cancer survivors.	N/A	Patient Service Center, American Cancer Society 888-227-6333 or 800-227-2345	N/A	All counties in Missouri.
<b>American Cancer Society-Joplin</b>	<a href="http://www.cancer.org">www.cancer.org</a>	Reach to Recovery	Breast cancer patients/survivors.	Provides one-on-one mentoring for breast cancer patients. Current breast cancer patients are paired up with a breast cancer survivor from the community. Reach to Recovery volunteers have been screened and through extensive training to equip them to answer.	N/A	American Cancer Society 888-227-6333 or 800-227-2345	N/A	N/A

<b>American Cancer Society SW Missouri Office</b>	<a href="http://www.cancer.org">www.cancer.org</a> <a href="#">Facebook: American Cancer Society - Southwest Missouri</a>	N/A	N/A	Provides programs and services for cancer patients, survivors and caregivers, and provides many ways people can help fight cancer through volunteering, advocating, donating money or participating in fundraising activities such as Relay for Life.	Marti Helfrecht	417-881-4668 Toll-free: 800-915-8350	<a href="mailto:Marti.Helfrecht@caner.org">Marti.Helfrecht@caner.org</a>	N/A
<b>Area Agencies on Aging (AAA)</b>	<a href="http://health.mo.gov/seniors/aaa/">http://health.mo.gov/seniors/aaa/</a>	Area Agencies on Aging (AAA)	Services are available under the OAA mandates to persons at least 60 years of age, in the greatest social and economic need, with special emphasis placed on low-income minority elderly. Persons with disabilities aged 18-59 may receive assistance with transportation and nutrition services through Social Services Block Grant (SSBG) or other non-Title III funds.	Please check website for services provided.	Area Agencies on Aging DHSS PO Box 570 Jefferson City, MO 65102-0570	573-526-4542	<a href="mailto:info@health.mo.gov">info@health.mo.gov</a>	Statewide
<b>Beyond the Ribbon</b>	N/A	N/A	Outreach to breast cancer families.	Identifies unmet needs such as wigs, lymphedema sleeves, makeup tutorials, medication co-pays.	Lori Turk	N/A	<a href="mailto:run4herlife5K@gmail.com">run4herlife5K@gmail.com</a>	Randolph County
<b>Boone Hospital Center</b>	<a href="http://www.boone.org">www.boone.org</a>	Boone Hospital Center	Financial discount for services at Boone for breast and cervical services.	If unable to pay bill for services, offers 15% off automatically, then applies for financial assistance. No money required in advance.	Financial Counseling	573-815-3305	N/A	All Counties in Missouri.

<b>Breast Cancer Foundation of the Ozarks (BCFO)</b>	<a href="http://www.bcfo.org">www.bcfo.org</a>	Non-Medical Financial Assistance Program	Contact BCFO for application. Each application is individually considered.	Provides short-term, non-medical financial assistance to residents of the Ozarks who are in current treatment for breast cancer with demonstrated financial need.	Jill Gold	417-862-3838 Toll-free: 866-874-1915	N/A	Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Lawrence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon, and Oregon Counties.
<b>Breast Cancer Foundation of the Ozarks (BCFO)</b>	<a href="http://www.bcfo.org">www.bcfo.org</a>	Children's Fund	Contact BCFO for more information.	BCFO offers assistance to children of families impacted by breast cancer. Financial assistance is provided on a case by case basis and may help with: School supplies, clothing, childcare, orthodontic continuation, and holiday gifts.	N/A	417-862-3838 Toll-free: 866-874-1915	N/A	Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Lawrence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon, and Oregon Counties.
<b>Breast Cancer Foundation of the Ozarks (BCFO)</b>	<a href="http://www.bcfo.org">www.bcfo.org</a>	Free Screening Mammogram Program	Application for assistance must be completed and are individually evaluated. Application is based on need for screening mammogram and the inability to pay for such services through insurance or self-pay. Ages 25-80 and beyond.	Free screening mammograms for qualified women.	Jill Gold	417-862-3838 Toll-free: 866-874-1915	<a href="mailto:jill@bcfo.org">jill@bcfo.org</a>	Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Lawrence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon, and Oregon Counties.

<b>Breast Cancer Foundation of the Ozarks (BCFO)</b>	<a href="http://www.bcfo.org">www.bcfo.org</a>	Lymphedema Garment Program	Contact BCFO for more information. Candidates must be uninsured or underinsured, and lymphedema must be a result of breast cancer treatment.	BCFO provides lymphedema garments through area medical supply providers to uninsured or underinsured candidates that have lymphedema as a result of breast cancer treatment.	Jill Gold	417-862-3838 Toll-free: 866-874-1915	N/A	Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Laurence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon and Oregon Counties.
<b>Breast Lifecare Clinic at Wes &amp; Jan Houser Women's Pavilion - Freeman Health System</b>	<a href="https://www.freemanhealth.com/service/breast-cancer">https://www.freemanhealth.com/service/breast-cancer</a>	N/A	N/A	Comprehensive breast care center offering radiology, surgical and oncology services.	Wendy Christenbery, Women's Pavilion Supervisor	417-347-7777	N/A	Clinic located in Joplin (Jasper County) but serves the four corner state MO, KS, OK, and AR region.
<b>Cancer Action</b>	<a href="http://www.canceractionKC.org">www.canceractionKC.org</a>	Cancer Action	Have a cancer diagnosis.	Free Medical supplies, comfort items, financial assistance with Rx's, transportation, emotional and educational support.	Trish Rush	816-350-8881	<a href="mailto:tishr@canceractionKC.org">tishr@canceractionKC.org</a>	Jackson and Clay Counties. In Kansas Wyandotte and Johnson Counties.
<b>CancerCare Co-Payment Foundation</b>	<a href="http://www.cancercarecopay.org">www.cancercarecopay.org</a>	CancerCare Co-Payment Foundation	Women and children of all diagnosis.	Dedicated to helping afford co-payments for chemotherapy and targeted treatment drugs.	N/A	866-552-6729	<a href="mailto:Ninformation@cancercopay.org">Ninformation@cancercopay.org</a>	N/A
<b>Community Breast Care Project of Central Missouri</b>	N/A	Community Breast Care Project	Women diagnosed with breast cancer in the last 12 months and who meet criteria. Small grants to cover cost associated with breast cancer treatment.	Offers financial aid.	N/A	573-634-HOPE	N/A	Cole, Osage, Callaway, Miller, Moniteau, and Morgan Counties.
<b>Community Clinic-Joplin</b>	<a href="http://www.joplinclinic.org">www.joplinclinic.org</a>	Breast Cancer Screening	Breast cancer screening clinics are held twice monthly and open to any women or men without other access to these services.	Medical and dental care for the uninsured serving people birth to age 64.	Mary Feters, Clinical Operations Manager	417-624-5500	<a href="mailto:opsmanager@joplincommunityclinic.com">opsmanager@joplincommunityclinic.com</a>	Jasper County

<b>Carrie J Babb Cancer Center- Citizens Memorial Healthcare</b>	<a href="http://www.cccancer.com/">http://www.cccancer.com/</a>	Central Care Cancer Center	Accepts Medicaid, Medicare, insurance and self-pay.	Comprehensive oncology services and support services for cancer patients through Central Care Cancer Center.	Kim Wallin - Medical Oncology	417-326-7200	N/A	Polk County
<b>CoxHealth Breast Care Clinic at Hultston Cancer Center-Springfield</b>	<a href="http://www.coxhealth.com">www.coxhealth.com</a>	N/A	Insurance or self-pay. Financial assistance may be available for breast cancer patients through CoxHealth Foundation.	Comprehensive breast center. Screening/ Diagnostic imaging and breast biopsy services.	Manager: Susan Smith	417-269-6170	<a href="mailto:susan.smith2@coxhealth.com">susan.smith2@coxhealth.com</a>	Greene County
<b>CoxHealth Foundation-Springfield</b>	<a href="http://www.coxhealthfoundation.com">www.coxhealthfoundation.com</a>	Various programs offering patient financial assistance for services provided at CoxHealth.	Patient application, physician referral, proof of income, and explanation of need required to request assistance.	*See website for all fund programs* Includes -Breast Care Fund for services provided to breast cancer patients at the Breast Care Clinic.	N/A	417-269-7150	N/A	Services must be provided through CoxHealth (Greene County).
<b>CoxHealth Reach Together @ CoxHealth Breast Care Clinic-Springfield</b>	N/A	CoxHealth Reach Together	A support group for those who have, or have had, breast cancer and their family members and caregivers.	A support group for those who have, or have had, breast cancer and their family members and caregivers.	Deanna Gunnett	417-269-6253	<a href="mailto:deanna.gunnett@coxhealth.com">deanna.gunnett@coxhealth.com</a>	Greene County
<b>Ellis Fischel</b>	<a href="http://www.muhealth.org/locations/ellisfischelcancercenter/">http://www.muhealth.org/locations/ellisfischelcancercenter/</a>	MU Health Care/Ellis Fischel	Financial discount for services at Ellis.	If unable to pay bill at Ellis and has no insurance, will get 60 % off hospital charges, 25% off physician charges, and additional 20 % off bill if paid in full within 39 days of bill statement. Charity Care program Financial Counseling services.	Call to speak to financial counselor and to request application.	866-608-8025	N/A	N/A
<b>Ellis Fischel/ Cancer Screening Grant</b>	N/A	Ellis Fischel	Women 40+ with no health insurance, make \$5,000.00 over what SMHW allows to qualify for screening mammogram.	Annual screening mammograms with identification and proof of income.	Sue Sinele	573-884-1140 or 573-884-8511	<a href="mailto:Sinelea@health.missouri.org">Sinelea@health.missouri.org</a>	Any county in Missouri, but must be scheduled through Cancer Screening.

<b>Ellis Fischel/Young Women Cancer Screening Grant</b>	N/A	Ellis Fischel	Women 19-34 years of age with abnormal breast lump or discharge. Pain does not qualify.	Diagnostic mammogram, ultrasound, biopsy and follow-up. DOES NOT INCLUDE TREATMENT.	Sue Sinele	573-884-1140 or 573-884-8511	<a href="mailto:Sinelea@health.missouri.org">Sinelea@health.missouri.org</a>	Any county in Missouri, but must be scheduled through Cancer Screening.
<b>Faith Community Health-Branson</b>	<a href="https://www.faithcommunityhealth.org/">https://www.faithcommunityhealth.org/</a>	N/A	Any individual with income, living in Stone or Taney Counties, qualifies for our services. Fees are determined based on household income and insurance status.	Faith-based, non-profit health organization that delivers affordable healthcare to residents of Taney and Stone counties.	Darla Howe, Clinical Director	417-336-9355	<a href="mailto:info@faithcommunityhealth.org">info@faithcommunityhealth.org</a>  Vision Office: Open one day each month times vary. Call 417-336-9355 for appointments.  Contact Us: 610 S Sixth Street Branson, MO 65616 417- 336-9355 <a href="mailto:info@faithcommunityhealth.org">info@faithcommunityhealth.org</a>	Taney and Stone Counties.
<b>Freeman Health System</b>	<a href="http://www.freemanhealth.com">www.freemanhealth.com</a>	Freeman Financial Assistance Program	Following denial of any available government program, applicants may qualify for the Freeman Financial Assistance Program. Approval is based on gross income and assets, compared to federal poverty guidelines.	Financial counselors are available to help patients at Freeman with available options to pay for services.	Financial counselors are available Monday-Friday 8 am-4:30 pm	417-347-6686 or 888-707-4500	N/A	Hospitals located in Joplin (Jasper County) and Neosho (Newton County) but services the four state region.
<b>Fordland Clinic, Inc.</b>	<a href="http://www.fordlandclinic.org">www.fordlandclinic.org</a>	N/A	Insurance or self-pay based on income.	Offers comprehensive family practice, dental services, mental health counseling, and urgent care services based on income.	Office Manager: Joan Twiton	Medical: 417-767-2273 Dental: 417-767-2100	<a href="mailto:information@fordlandclinic.org">information@fordlandclinic.org</a>	Webster County

<b>Gateway to Hope</b>	<a href="http://www.gthstl.org/">http://www.gthstl.org/</a>	Gateway to Hope	Income < 350% of poverty level. Diagnosed with breast cancer or undergoing breast cancer treatment. Open to women of all ages.	Financial assistance to qualified individuals to assist with health insurance premiums associated with breast cancer care/treatment. Additional funding for qualified individuals for mortgages, utilities, gasoline cards.	Christine Lyss or available Clinical Intake Coordinator	314-569-1113	<a href="mailto:chris@gthstl.org">chris@gthstl.org</a>	All Missouri counties.
<b>Gilda's Club Kansas City</b>	<a href="mailto:Info@GildasClubKC.org">Info@GildasClubKC.org</a>	Gilda's Club Kansas City	Have a cancer diagnosis.	Free emotional support groups and educational classes.	Merritt Benz	816-531-5444	N/A	Clay, Jackson, Platte, and Ray Counties.
<b>Good Days from Chronic Disease Fund (CDF)</b>	<a href="http://www.Mygooddays.org">www.Mygooddays.org</a>	Good Days from CDF	Online enrollment for qualification.	Cancer and chronic disease medication copay assistance.	Online chat available on Facebook.	877-968-7233 Hours 8-5 CST	N/A	N/A
<b>Good Samaritan Care Clinic-Mountain View, MO</b>	<a href="http://www.goodsamaritancareclinic.org/">http://www.goodsamaritancareclinic.org/</a>	N/A	Uninsured	Free medical and dental consultation services for the uninsured in South Central Missouri. This clinic is ran by medical, dental, nursing, pharmaceutical, and administrative volunteers. Clinic open Monday evenings-doors open at 5:15pm.	N/A	417-934-6500	<a href="mailto:info@goodsamaritancareclinic.org">info@goodsamaritancareclinic.org</a>	Texas and Howell Counties
<b>GYN Cancers Alliance (GYNCA)</b>	<a href="http://www.gynca.org">www.gynca.org</a>	Emergency Non-Medical Financial Support	Contact GYNCA for application and more information. Client must be in treatment and approval is subject to board approval. Program offers emergency non-medical financial assistance for families facing gynecologic cancer. Assistance may include rental pay.	Emergency Non-Medical Financial support for women and their families facing GYN cancer. Per Client- Emergency financial assistance guidelines while in treatment- Monthly per client Max=\$500. Annual per client Max=\$2500.00.	Sylvia Terbrock	417-869-2220	<a href="mailto:info@gynca.org">info@gynca.org</a>	Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, Laclede, McDonald, Newton, Ozark, Polk, Stone, Taney, Texas, Vernon, Webster, and Wright Counties.



<b>Hope 4 You Breast Cancer Foundation</b>	<a href="http://www.hope4youbcf.org/">http://www.hope4youbcf.org/</a>	Surviving Together with HOPE	Breast cancer survivors.	A support group for Breast Cancer Survivors. We will help one another by embracing each other's lives, emotions, expectations, by way of close knit discussions, activities, and educational seminars.	Kim Sanders	417-437-0784	N/A	Jasper County
<b>Jordan Valley Community Health Center</b>	<a href="http://jordanvalley.org">http://jordanvalley.org</a>	Assistance with access to Insurance Marketplace for Affordable Care Act (ACA) Insurance.	N/A	Jordan Valley has certified application counselors to assist over the telephone or make an appointment. Visit in person at 440 E. Tampa, Springfield, MO, or 1166 Banning St. Marshfield, Missouri.	Marketplace Application Counselor or Care Coordinator	417-851-1566	N/A	Greene and Webster Counties
<b>Jordan Valley Community Health Center Federally Qualified Health Center (FQHC)</b>	<a href="http://jordanvalley.org">http://jordanvalley.org</a>	FQHC- Accepts MO HealthNet, Medicare & Private Insurance. Financial Assistance for Uninsured may be available for medical/dental services provided at Jordan Valley. Application required. Eligibility for Slide Program based on household income/assets.	Slide Program- Application required. Eligibility based on household income/resources and lack of health insurance.	Medical Clinics in Springfield, Republic, Marshfield, Hollister, and Lebanon. Dental clinics in Springfield, Republic, Marshfield, Hollister, Lebanon and Forsyth.	Care Coordinators available at each location.	417-831-0150	<a href="mailto:PAweb@jordanvalley.org">PAweb@jordanvalley.org</a>	SW MO- Clinics located in Greene, Webster, Taney and Laclede Counties

<b>Komen of Missouri</b>	<a href="mailto:info@komenmissouri.org">info@komenmissouri.org</a>	Susan G. Komen	Once contact is made, grantees will further determine eligibility and services available.	Grant funds for local diagnostic and screening mammograms, breast health education, patient navigation and support programs for women, men and families in 38 MO and IL counties.	not listed	Greater St. Louis Office 314-569-3900 or Mid-Missouri Office 573-445-1905	N/A	Adair, Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Franklin, Gasconade, Howard, Jefferson, Lincoln, Macon, Maries, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Perry, Randolph, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, and Washington Counties
<b>Lymphedema Support Group of the Ozarks</b>	N/A	N/A	N/A	Educational and support group for those with lymphedema and their families.	Nora Burgess	417-863-1618	<a href="mailto:noraburgess@gmail.com">noraburgess@gmail.com</a>	SW MO Ozarks
<b>MedZou Program</b>	<a href="https://medicine.missouri.edu/education/medzou">https://medicine.missouri.edu/education/medzou</a>	MedZou	Serves clients without insurance who are waiting for insurance coverage to begin.	Diagnostic breast services	N/A	573-356-2499	N/A	Any Missouri County
<b>Mercy Breast Center — “Chub” O’Reilly Cancer Center</b>	<a href="http://www.mercy.net">www.mercy.net</a>	N/A	N/A	Provides breast cancer screening and diagnostic appointments; helps patients, spouses and families with the many adjustments following the diagnosis and treatment of breast cancer.	Sharon Davis-Director	417-820-2500	N/A	Greene County

<b>Mercy Cancer Resource Center</b>	<a href="http://www.mercy.net">www.mercy.net</a>	Cancer Resource Team	For cancer patients being treated at Mercy-Springfield.	Provides a central location where clinical expertise is coupled with educational, emotional, practical and spiritual support to help patients and their families deal with a life-changing diagnosis and to navigate through the health care system.	N/A	417-820-2588	N/A	Greene County
<b>Mercy Hospital &amp; Clinics</b>	<a href="https://www.mercy.net/mercy-charity-care">https://www.mercy.net/mercy-charity-care</a>	Mercy Charity Care	Mercy grants hospital and clinic financial assistance to patients for emergency and other medically necessary care. Application required and available online.	Uninsured patient discounts for hospital services and financial assistance to patients for emergency or other medically necessary care provided at Mercy.	N/A	855-420-7900	N/A	*See Mercy website*  Program only for services provided at a Mercy Hospital in MO, IL, OK, KS and AR.
<b>Mercy Mobile Mammography Bus- Mercy Corporate Health and Wellness</b>	<a href="http://wellnesspartner.org/bus.cfm">http://wellnesspartner.org/bus.cfm</a>	Screening Mammogram Mobile Bus	Insurance or self-pay.	The Mobile Mammography bus is an outreach of the Mercy Breast Center, staffed by highly qualified Mercy health professionals. The bus travels to various SW MO Mercy Clinics and other locations- see calendar on Mercy website.	Carmen Losurdo, Coordinator- Corporate Health & Wellness Wellness on Tour Bus	417-820-2790	<a href="mailto:carmen.losurdo@mercy.net">carmen.losurdo@mercy.net</a>	Greene and surrounding SW MO Counties  Location varies.
<b>Moniteau County Health Department</b>	N/A	Moniteau County Health Department	Pap, well-woman exam, & Human Papilloma Virus (HPV)	Offers Pap and well woman exam for \$20.00, HPV may be around \$40.00. May be limited due to Affordable Care Act (ACA).	N/A	573-796-3412	N/A	All Missouri Counties

<b>Missouri State University (MSU) Care Clinic (O'Reilly Clinical Health Sciences Center on MSU Campus)</b>	<a href="http://msucare.missouri-state.edu/">http://msucare.missouri-state.edu/</a>	N/A	Mercy and MSU operate the primary care clinic, which serves local uninsured adults who are not eligible for coverage under Medicare or Medicaid. As of 1/4/16: there is a waiting list for appointments.	Medical primary care services for uninsured adults.	Andrea Hastings, Clinic Director	417-837-2270	N/A	Greene County
<b>NorthEast Health Care</b>	<a href="http://www.nemohealthcouncil.com">www.nemohealthcouncil.com</a>	NorthEast Missouri OB/GYN Clinics	Services available per sliding scale based on income.	Pap smears, lab work, colposcopies, Loop Electrosurgical Excision Procedure (LEEP).	N/A	660-627-5757	N/A	Adair, Schuyler, Scotland, Clark, Lewis, Sullivan, Knox, Macon, Shelby, Putnam, and Mercer Counties
<b>Ozarks Area Community Action Agency (OACAC)</b>	<a href="#">Facebook: OACAC Family Planning</a>	Women's Health - Family Planning	Contact OACAC for information.	Provides individuals with family planning, low-cost contraceptive methods and reproductive health services including pregnancy testing, pap smears, breast exams and sexually transmitted disease (STD) testing and treatment, throughout the southwest Missouri area.	Diane Anthony	417-864-3410	<a href="mailto:danthony@oacac-cao.org">danthony@oacac-cao.org</a>	Greene, Barry, Lawrence, Dade, Polk, Christian, Stone, Dallas, Webster, and Taney Counties
<b>Patient Advocate Foundation</b>	<a href="http://www.copays.org">www.copays.org</a>	Patient Advocate Foundation	Must be currently insured, & have coverage for medications which financial assistance is sought.	Financial assistance to qualified patients for drug co-payments, relative to diagnosis.	N/A	866-512-3861	N/A	N/A
<b>Planned Parenthood of Great Plains</b>	<a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a>	Planned Parenthood of Great Plains	Abnormal pap with need for colposcopy.	Colposcopies regardless of age or income for \$400.00.	N/A	800-230-7526	<a href="#">N/A</a>	Any Missouri County

<b>Right Action for Women</b>	<a href="http://rightactionforwomen.org">http://rightactionforwomen.org</a>	Christina Applegate Foundation	Breast Magnetic Resonance Imaging (MRI) screening assistance for women at increased risk for breast cancer, who do not have insurance or the financial flexibility to cover cost for screening.	Breast Magnetic Resonance Imaging (MRI).	E-mail contact link on webpage	800-366-7741	N/A	National
<b>Samuel Rodgers Health Center</b>	<a href="https://www.rodgershealth.org">https://www.rodgershealth.org</a>	Samuel Rogers Health Center	Those who do not qualify for Show Me Healthy Women (SMHW) payment based on household income.	Pelvic, Pap, Human Papilloma Virus (HPV) testing, mammogram, breast ultrasound.	N/A	816-474-4920	N/A	All Missouri Counties
<b>SSM Health Audrain St. Mary's Hospital</b>	<a href="http://www.ssmhealth.com/cancer">www.ssmhealth.com/cancer</a>	SSM Audrain	Qualifying documentation of income.	FREE or discounted care programs.	N/A	855-989-6789	<a href="mailto:financialaid@ssmhc.com">financialaid@ssmhc.com</a>	All Missouri Counties
<b>Swope Health Service</b>	<a href="http://www.swopehealth.org">http://www.swopehealth.org</a>	Swope Health Service	Payment based on household income.	Medical services including GYN exams.	Not listed.	816-923-5800	N/A	All Missouri Counties
<b>Truman Medical Center (TMC) Hospital</b>	<a href="http://www.trumed.org">www.trumed.org</a>	Truman Medical Center Hospital	Payment based on household income.	All hospital services.	Financial Counseling Call Center	816-404-3040	N/A	Jackson County
<b>Vincent P. Gurucharri Foundation, Inc.</b>	N/A	N/A	Financial assistance for patients undergoing cancer treatment.	Assist with medication expenses, medical services, medical equipment, dental care, transportation, and other needs indicated per social worker.	Maura Hodges	573-777-3314	N/A	Boone, Audrain, Callaway, Cole, Cooper, Howard, Moniteau, and Randolph Counties

---

## Appendices

---

Providers .....	13.1
Client Referral	
RPC Contact Information	
SMHW Regional Program Coordinator County List .....	13.2
Request for Literature Form .....	13.3
Available Literature in English .....	13.4
Available Literature in Spanish .....	13.6
Most Commonly Asked Questions .....	13.8
Acronyms/Abbreviations.....	13.12
Glossary of Terms .....	13.16



## Providers

### Client Referral

A complete list of providers is on the DHSS website <https://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlists.php>. List is updated regularly. Refer clients with Internet access to the website or they may call the SMHW toll-free number 866-726-9926.

### RPC Contact Information

#### RPC Contact Information

Rebecca Conway, RN; Kansas City/Northwest Area	P: 816-607-1021	F: 816-404-6986
Lisa Graessle, RN; Central/Northeast Area	P: 573-522-2855	F: 573-522-3023
Cameron Smith, RN; St. Louis Area	P: 314-657-1509	F: 314-612-5005
Missy Rice, RN; Southwest Area	P: 417-693-3409	F: 417-345-1069
Mary Costephens, RN; Southeast Area	P: 573-418-1358	F: 573-522-3023



## SMHW Regional Program Coordinator County List

### Northwest/K.C. Area    Rebecca Conway, RN    816-607-1021    Fax: 816-404-6986

003 Andrew	047 Clay	083 Henry	147 Nodaway
005 Atchison	049 Clinton	087 Holt	165 Platte
013 Bates	061 Daviess	095 Jackson	177 Ray
021 Buchanan	063 DeKalb	101 Johnson	227 Worth
025 Caldwell	075 Gentry	107 Lafayette	
033 Carroll	079 Grundy	117 Livingston	
037 Cass	081 Harrison	129 Mercer	

### Northeast/Central Area    Lisa Graessle, RN    573-522-2855    Fax: 573-522-3023

001 Adair	073 Gasconade	131 Miller	173 Ralls
007 Audrain	089 Howard	135 Moniteau	175 Randolph
019 Boone	103 Knox	137 Monroe	195 Saline
027 Callaway	111 Lewis	141 Morgan	197 Schuyler
029 Camden	115 Linn	139 Montgomery	199 Scotland
041 Chariton	121 Macon	151 Osage	205 Shelby
045 Clark	125 Maries	163 Pike	211 Sullivan
015 Cole	127 Marion	171 Putnam	
053 Cooper			

### St. Louis Area    Cameron Smith, RN    314-657-1509    Fax: 314-612-5005

071 Franklin	113 Lincoln	189 St. Louis	219 Warren
099 Jefferson	183 St. Charles	510 St. Louis City	

### Southwest Area    Missy Rice, RN    417-693-3409    Fax: 417-345-1069

009 Barry	067 Douglas	145 Newton	213 Taney
011 Barton	077 Greene	153 Ozark	215 Texas
015 Benton	085 Hickory	159 Pettis	217 Vernon
039 Cedar	097 Jasper	167 Polk	225 Webster
043 Christian	105 Laclede	169 Pulaski	229 Wright
057 Dade	109 Lawrence	185 St. Clair	
059 Dallas	119 McDonald	209 Stone	

### Southeast Area    Mary Costephens, RN    573-418-1358    Fax: 573-522-3023

017 Bollinger	091 Howell	157 Perry	203 Shannon
023 Butler	093 Iron	161 Phelps	207 Stoddard
031 Cape Girardeau	123 Madison	179 Reynolds	221 Washington
035 Carter	133 Mississippi	181 Ripley	223 Wayne
055 Crawford	143 New Madrid	187 St. Francois	
065 Dent	149 Oregon	186 Ste. Genevieve	
069 Dunklin	155 Pemiscot	201 Scott	



## Request for Literature

Request literature using the “Request For Literature” form available at <https://health.mo.gov/warehouse/580-039.pdf>.

[illegible]


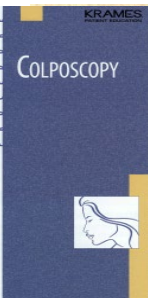
## Available Literature in English

Item #	Cover	Title	Limit	Vendor
159		How to Examine Your Breast	100	Show Me Healthy Women
505		SMHW / Free Mammograms & Pap Tests	100	Show Me Healthy Women
527		HPV & Cervical Cancer, English	25	Missouri Department of Health and Senior Services
By request from program		WISEWOMAN Informational Brochure (English)	100	WISEWOMAN
539		SMHW, Flyer- Get the Facts! (Show Me Healthy Women program fact sheet)	100	Show Me Healthy Women
910		Colposcopy: Taking a Closer Look at Your Cervix	25	Krames
913		Abnormal Pap Test Results: Understanding Your Diagnosis and Treatment Options	25	Krames

Item #	Cover	Title	Limit	Vendor
919		Breast Lumps: A Guide to Understanding Breast Problems & Breast Surgery	25	Krames
931		LEEP...Loop Electrosurgical Excision Procedure – Removing Abnormal Tissue From Your Cervix	25	Krames
941		The MO. Tobacco Quitline, 6 Steps to Success  (2-sided postcard)	1,000	Missouri Department of Health and Senior Services
958		Missouri Tobacco Quitline  (2-sided business card)	500	Missouri Department of Health and Senior Services
976		Stereotactic Breast Biopsy, English	25	Krames

## Available Literature in Spanish

Item #	Cover	Title	Limit	Vendor
534		SMHW / Free Mammograms and Pap Tests (Spanish) (Mamogramas y Pruebas Pap Gratis)	25	Show Me Healthy Women
By request from program		WISEWOMAN Informational Brochure (Spanish)	100	WISEWOMAN
538		HPV & Cervical Cancer (Spanish) (El EPV y el cáncer cervical)	25	Missouri Department of Health and Senior Services
Item #	Cover	Title	Limit	Vendor
926		Get the Facts! (Spanish) (Muéstrame Mujeres Saludables) (Show Me Health Women program fact sheet)	100	Show Me Healthy Women
936		Breast Lumps (Spanish) (Nódulos Mamarios: Descripción y tratamiento de los problemas mamarios comunes)	25	Krames

979		How to Examine Your Breast, Spanish	100	Show Me Healthy Women
1210		Colposcopy: Taking a Closer Look at Your Cervix (Spanish)  (Colposcopía)	25	Krames

---

## Most Commonly Asked Questions

---

- Q. We have several patients who have had an abnormal clinical breast exam reported as “discrete palpable mass, suspicious for cancer”, followed by a mammogram with a result of “negative”. The providers deemed this adequate follow-up and no further evaluation was scheduled or completed. Is this acceptable practice even though the NBCCEDP guidelines recommend further testing?**
- A. A negative mammogram does not rule out cancer for a patient with suspicious breast mass found on physical exam. To determine if the mass is malignant or not, complete additional evaluations such as an ultrasound or a needle biopsy. When providers identify a suspicious mass, they are obligated to follow-up with a complete evaluation and obtain a definitive diagnosis.
- Q. Since breast ultrasound CPT codes 76641 and 76642 are both unilateral, should we expect to see two CPT codes billed if a bilateral ultrasound exam is needed?**
- A. Yes. If complete examination is performed on both breasts, you should receive two ultrasound codes of 76641. If a limited exam is performed bilaterally, you should receive two 76642 codes.
- Q. Does CDC ever allow payment for services that exceed Medicare reimbursement rates?**
- A. No. As stated in the Breast and Cervical Cancer Mortality Prevention Act of 1990 that authorized the NBCCEDP, the program cannot provide reimbursements that are higher than Medicare reimbursement rates.
- Q. Is it appropriate to reimburse for an ultrasound prior to 6 months for BI-RADS 3 due to fat necrosis?**
- A. Yes, they should reimburse based on the findings; an earlier ultrasound is appropriate.
- Q. Would SMHW pay for HPV testing if the client has paid for the Pap and the results were ASC-US?**
- A. SMHW can cover the diagnostic work-up.
- Q. Is it appropriate to screen women with “Dense Breast” with an ultrasound alone without clinical risk assessment? Is it appropriate to use an ultrasound screening for women with dense breast tissue deemed high risk by a recognized clinical risk assessment tool?**
- A. Currently, there are no screening guidelines recommended for breast ultrasound. Use of ultrasound as a tool for breast cancer screening is still in an investigational phase. Inefficient use of any tool may provide the patient with false degree of relief or concern. The provider is accountable for any inappropriate use of BI-RADS results or testing.

- Q. How does the CDC address transgender-identified individuals in the health care setting?**
- A. Following the Breast and Cervical Cancer Mortality Prevention Act that authorized the NBCCEDP and specifically states “women”. The focus of the NBCCEDP is women who are at risk for breast and cervical cancer. **Use the federal funds only to cover** screening for female-to-male transgender individuals who have not yet undergone complete hysterectomy or bilateral mastectomy because these individuals are genetically female. We do not use federal funds for male-to-female individuals who are genetically males.
- Q. What if a physician, who does not participate in the SMHW program, refers a woman with a BI-RADS IV or V ultrasound to a SMHW provider; can that woman be enrolled into SMHW and be eligible for Breast and Cervical Cancer Treatment (BCCT) services?**
- A. If a client has a BI-RADS IV or V ultrasound prior to enrolling into SMHW, the non-participating provider should refer the client to a SMHW participating provider. The client must meet SMHW eligibility requirements and complete enrollment forms. Then the SMHW provider should submit the woman’s screening and diagnostic test results completed by the non-participating provider to SMHW by completing the MOHSAIC forms and submitting them as “reporting only”. The SMHW provider may then proceed with performing additional diagnostic services such as a biopsy and submit results to SMHW for reimbursement. If the biopsy is positive for cancer, the client can be qualified for BCCT services. (SMHW must have reimbursed at least one screening or diagnostic service in order for a client to be eligible to receive BCCT services. Please note that if the only SMHW reimbursement is for a SMHW administrative referral fee for reporting only screening and diagnostic services, the client will not qualify for BCCT services).
- Q. What happens when Show Me Healthy Women (SMHW) has covered the screening and/or diagnostic services, but the client needs treatment?**
- A. Most women who receive SMHW-paid screening and/or diagnostic services and are in need of treatment for breast and/or cervical cancer will be eligible for a special MO HealthNet (Medicaid) BCCT program.
- Q. How much of the reimbursement for services from SMHW must be paid to the subcontractor?**
- A. SMHW does not require service providers to pay any specific rate to the subcontractors. The service providers can negotiate a reimbursement rate with the subcontractor, as they feel appropriate. SMHW will only pay the established reimbursement rate to the service provider.
- Q. Can our facility funding amount be increased?**
- A. Yes. SMHW can increase the funding amount based on the availability of funds and if 80% of the facilities existing funds have been expended. Request an increase by calling SMHW at 573-522-2845, or sending an e-mail to the program manager with the amount of increase needed. The SMHW program must be in receipt of the letter or e-mail **14 business days prior to the end of the contract period** for consideration for a funding increase.

- Q. If a woman under 35 contacts us reporting that she feels a lump in her breast, can we enroll her in SMHW program?**
- A. No. On June 30, 2003, SMHW raised the age eligibility to women 35 years or older for all services. If a provider needs assistance locating services for women under 35 years of age, please contact the Regional Program Coordinator assigned to your area.
- Q. What do I do when the client does not keep her mammogram appointment and her breast screening is now over 90 days?**
- A. Continue to schedule the mammogram appointment and repeat the clinical breast examination (CBE), if recommended by the examiner. Client may have her screening mammogram any time before the ten (10) months have elapsed for her next annual screening. If the CBE was negative, she does not have to have a repeat CBE within the ten (10)-month period.
- Q. Is a client with no Social Security number and no proof of income and residency eligible for SMHW?**
- A. Yes. The client must sign the client eligibility agreement form found in Section 12. The English version is on page 12.8 and the Spanish version is on page 12.9.
- Q. How do I report when a SMHW client has surgery after I have sent in the reporting of her diagnostic services?**
- A. Contact your assigned RPC first. If the RPC is not available, call the SMHW central office toll-free at 866-726-9926, call 573-522-2845, or fax inquires to the SMHW office at 573-522-3023.
- Q. Whom do I call if I have questions?**
- A. Contact your assigned RPC first. If the RPC is not available, call the SMHW central office toll-free at 866-726-9926, call 573-522-2845, or fax inquires to the SMHW office at 573-522-3023.
- Q. I am waiting for lab results to complete paperwork. What should I do?**
- A. Hold paperwork until results are available. If it is close to the 60-day cutoff, contact the lab and express your need to have the results in order to be paid. Contact your RPC and document the lab contacts in the comments section.
- Q. What should I submit for reimbursement?**
- A. The clients' reporting form(s).
- Q. Who establishes subcontracts?**
- A. The service providers may establish subcontracts with different facilities. SMHW does not play any role in establishing or assisting to establish subcontracts.
- Q. What happens if we submit our forms after 60 days?**
- A. Payment may be denied. If there are unusual circumstances, contact the billing coordinator at SMHW. Providers must file all forms in a timely manner.



**Q. What is the MO HealthNet Breast and Cervical Treatment (BCCT) program?**

- A. Beginning on October 2000, federal legislation allowed funded programs in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to participate in the new BCCT program. In July 2001, Governor Bob Holden signed legislation authorizing matching funds for Missouri to participate in the Medicaid Program, effective August 28, 2001.

**Q. Who is eligible for BCCT?**

- A. Women screened and/or diagnosed with breast and/or cervical cancer, or certain precancerous conditions, through SMHW who are under 65 years of age and have a Social Security number or state identification number. SMHW works closely with Department of Social Services (DSS) FSD staff to enroll a client into the BCCT program.

**Q. How do SMHW clients enroll in BCCT?**

- A. SMHW providers establish presumptive eligibility, which entitles a client to temporary full MO HealthNet benefits through BCCT by completing the BCCT Temporary MO HealthNet Authorization letter. Give the client a copy of the letter. The SMHW provider submits the BCCT Temporary Authorization letter to the Greene Co DSS FSD office following the directions found in the Provider Manual on page 7.4. The client and provider must also complete the BCCT Medical Assistance Application. The SMHW provider submits the completed application to the Green Co DSS FSD office after a cancer diagnosis from a tissue biopsy. Refer to Section 7: MO HealthNet for guidance and pages 10.16 and 10.17 for the appropriate forms.

**Q. A client received an annual SMHW screening that was normal. She contacts her SMHW provider because she has found a lump in her breast. What will SMHW cover?**

- A. SMHW will not cover the cost of the office visit, but will pay for diagnostic testing if the CBE is abnormal. If the clinician does not find a lump and chooses to complete diagnostic testing as a direct result of the breast self-examination, SMHW will cover the cost of diagnostics.

---

## Acronyms/Abbreviations

---

**5 A's** – assess, advise, agree, assist, and arrange

**A1C test** – glycosylated hemoglobin test

**ACS** – American Cancer Society

**ADA** – American Diabetes Association

**AGC** – atypical glandular cells

**AGUS** – atypical glandular cells of undetermined significance

**AHA** – American Heart Association

**AIS** – adenocarcinoma in situ

**ASCCP** – American Society for Colposcopy and Cervical Pathology

**ASC-H** – atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion

**ASCUS** – atypical squamous cells of undetermined significance

**BCCCP** – Breast and Cervical Cancer Control Project is the former name of SMHW

**BCCT** – Breast and Cervical Cancer Treatment (through MO HealthNet)

**BMI** – body mass index

**BSE** – breast self-examination

**CBE** – clinical breast examination

**CDC** – Centers for Disease Control and Prevention

**CHD** – coronary heart disease

**CIN** – cervical intraepithelial neoplasia

**CIS** – Cancer Information Service; carcinoma in situ

**CLIA** – Clinical Laboratory Improvement Amendments of 1988

**CPT** – current procedural technology (code)

**CVD** – cardiovascular disease

**CVH** – cardiovascular health

**DBP** – diastolic blood pressure

**DCN** – departmental client number

**DHSS** – Missouri Department of Health and Senior Services

**DNA** – deoxyribonucleic acid

**DOB** – date of birth

**DSS** – Missouri Department of Social Services

**ECC** – endocervical curettage

**EOB** – explanation of benefits

**EFT** – electronic funds transfer

**FDA** – Food and Drug Administration

**FLP** – fasting lipid panel

**FNA** – fine needle aspiration

**FPL** – federal poverty level

**FSD** – Family Support Division

**HBP** – high blood pressure

**HDL** – high density lipoproteins

**HDL-C** – high-density lipoprotein cholesterol

**HIPAA** – Health Insurance Portability and Accountability Act

**HPV** – human papillomavirus

**HSIL** – high-grade squamous intraepithelial lesion

**HTN** – hypertension

**IFG** – impaired fasting glucose

**ITSD** – Information Technology Services Division

**JNC 7** – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7, 2004)

**Kg** – kilograms

**LDL-C** – low-density lipoprotein cholesterol

**LEEP** – loop electrosurgical excision procedure

**LSP** – lifestyle program

**LSIL** – low-grade squamous intraepithelial lesion

**MDEs** – minimum data elements

**MI** – motivational interviewing

**MOAP** – Missouri Arthritis & Osteoporosis Program

**MOHSAIC** – Missouri Health Strategic Architectures and Information Cooperative

**MQSA** – Mammography Quality Standards Act of 1992

**NBCCEDP** – National Breast and Cervical Cancer Early Detection Program

**NCCDPHP** – National Center for Chronic Disease Prevention and Health Promotion

**NCEP** – National Cholesterol Education Program

**NCI** – National Cancer Institute

**NHLBI** – National Heart, Lung, and Blood Institute

**NIH** – National Institutes of Health

**NMR** – nuclear magnetic resonance

**OATS** – Older Adults Transportation Service

**Pap Stain** – papanicolaou stain

**Pap Test** – papanicolaou smear

**PHNPAT** – Public Health Nurses Physical Assessment Training

**RN** – Registered Nurse

**RPC** – Regional Program Coordinator

**SBP** – systolic blood pressure

**SMHW** – Show Me Healthy Women – The current name of Missouri Breast and Cervical Cancer Control Project (BCCCP).

**SMTS** – Southeast Missouri Transportation Service

**SSN** – social security number

**TC** – total cholesterol

**TLC** – therapeutic lifestyle changes

**WIC** – Woman, Infants and Children Program

**WISEWOMAN** – Well-Integrated Screening and Evaluation for Women Across the Nation - A heart health risk assessment and education program for women receiving a Show Me Healthy Women cervical and breast cancer screening service.

**WNL** – within normal limits

---

## Glossary of Terms

---

**adenocarcinoma** - A cancer that develops from the glandular epithelium.

**adenoma** - A benign growth starting in the glandular tissue. (Also, refer to *fibroadenoma*.)

**advanced cancer** - A stage of cancer in which the disease has spread from the primary site to other parts of the body, directly or by traveling through the network of lymph glands (lymphatic) or in the bloodstream. Locally advanced means the cancer has spread only to the surrounding areas.

**alert value** - A screening result that is abnormal and requires tracking by the provider and/or Show Me Healthy Women Regional Program Coordinators to assure appropriate follow-up care is documented.

**American College of Radiology Accreditation** - A voluntary mammography accreditation program that is one of the standards for quality assurance and assesses the following major areas:

- Personnel qualifications and experience
- Equipment specification and technical procedures
- Quality assurance practices
- Evaluations of mammograms from the applicant's practice and through the use of phantom images

**anesthesia** - A state characterized by loss of sensation, caused by a drug or gas. General anesthesia causes loss of consciousness. Local anesthesia is numbness in only a specified area.

**antibiotics** - Chemical substances, produced by living organisms or synthesized (created) in laboratories, for the purpose of killing other organisms that cause disease. Some cancer therapies interfere with the body's ability to fight off infection, so antibiotics may be needed along with the cancer treatment to protect against or kill infectious diseases. The word means "destructive of life."

**areola** - The dark area of flesh that encircles the nipple of the breast.

**aspirate** - Removal of fluid or cells from a breast lump.

**aspiration biopsy** - A procedure in which the specimen for biopsy is removed by aspirating it through an appropriate needle that pierces the skin and penetrates into the underlying tissue to be examined. (Also, refer to *fine needle aspiration*.)

**asymptomatic** - Without noticeable signs or symptoms of disease. Many cancers can develop and grow without producing symptoms, especially in the early stages. Detection tests, such as mammography, try to discover developing cancers at the asymptomatic stage, when the chances for cure are usually high.

**atypia (also atypical)** - The condition of being irregular or not conforming to type not usual, abnormal. Cancer is the result of atypical cell division.

**axilla** - Also known as the armpit.

**Breast and Cervical Cancer Control Project (BCCCP)** – See Show Me Healthy Women.

**benign** - Not malignant, not recurrent, favorable for recovery, not cancer. The main types of benign breast problems are fibroadenoma, fibrocystic changes, and cysts.

**Bethesda System** - A comprehensive system for the reporting and classification of Pap smear specimens, developed in December 1988. The Clinical Laboratory Improvement Act (CLIA) regulations mandate the use of the Bethesda System for laboratory reporting and proficiency testing.

**bilateral** - Affecting both sides of the body, for example bilateral breast cancer is cancer occurring in both breasts at the same time (synchronous) or at different times (metachronous).

**biopsy** - The removal and examination (by a pathologist) of tissue samples, cells or fluids from a living body. An examination of the appearance of the tissue under a microscope determines if cancer or other abnormal cells are present. Complete the biopsy with a needle or by surgery.

**breast augmentation** - Surgery to increase the size of the breast (also known as breast implants).

**breast cancer** - Cancer that begins in the breast. The main types of breast cancer are ductal carcinoma in situ, infiltrating ductal carcinoma, lobular carcinoma in situ, medullary carcinoma, and Paget's disease of the nipple.

**Breast Imaging Reporting and Data System (BIRADS)** - A uniform reporting system for reporting mammography results.

**breast self-examination (BSE)** - A technique of checking your own breasts for lumps or suspicious changes.

**breast specialist** - A term describing health professionals who have dedicated interest in breast health.

**calcifications** – Also called microcalcifications. Tiny calcium deposits within the breast, singularly or in clusters, often found by mammography, which indicate a change within the breast.

**cancer** - A general term for more than 100 diseases in which abnormal or malignant cells develop. Some exist quietly within the body for years without causing a problem. Others are aggressive, rapidly forming tumors that may invade and destroy surrounding tissue. If cancer spreads, it usually travels through the lymph system or bloodstream to distant areas of the body.

**cancer cell** - A cell that divides and reproduces abnormally and can spread throughout the body.

**capsule formation** - Scar tissue that may form around a breast implant as the body tries to “wall off” or encapsulate the foreign object; a contracture.

**carcinoma** - A malignant tumor that begins in the lining (epithelial) cells of organs. Epithelial cells are those that cover the surfaces of tissue. It can occur in any part of the body. Eighty percent or more of cancers, and all breast cancers, receive carcinoma classification.

**carcinoma in situ (CIS)** - An early stage of cancer in which the cancer is still only in the structures of the organ where it developed and the disease has not invaded other parts of the organ or spread; cancer in situ or pre-invasive. This classification of most cancers is curable.

**case manager** - The member of the medical care team who acts as a liaison. This person coordinates all of the services needed by the client throughout diagnosis, treatment and recovery.

**clinical breast examination (CBE)** - A physical examination of the breasts performed by a physician, registered or advanced practice nurse or physician's assistant.

**cell** - The basic unit of which all living things are made. Cells carry out basic life processes. Organs are clusters of cells that have developed specialized tasks. Cells replace themselves by splitting and forming new cells; cancer disrupts this process.

**cervical intraepithelial neoplasia (CIN)** - A cellular change to the mouth of the cervix that may include severe dysplasia and CIS. CIN 3 is the most severe of the three-category classification system.

**cervical precancerous lesions** - Cervical tissue biopsy results of CIN (CIN 1, 2, or 3) and AIS lesions are considered precancerous lesions. Treatment of many CIN 1 and 2 lesions is through simple excisional procedures. However, CIN 3 or AIS may require a hysterectomy.

**cervix** - The narrow outer end of the uterus that opens into the vagina.

**chemotherapy** - A drug treatment program that destroys cancer cells. This method often accompanies surgery or radiation, or to treat recurring cancer.

**clinical** - Description of information that pertains to or is founded on actual observation and treatment of patients, as distinguished from theoretical or basic sciences.

**clinical trials** - Research studies to test new drugs or procedures, or to compare to current standard treatments with others that may be better or equal.

**coalition building** - The process of organizing individuals, groups or organizations for the purpose of furthering a common goal or ideal.

**colposcope** - A magnifying, lighted optical instrument, which allows for the direct observation and study of vaginal and cervical cells.

**colposcopy** - Diagnostic procedure performed with a colposcope. Cervical biopsies are usually conducted by colposcopic examination.

**Comprehensive Cancer Control Program (CCCP)** - A statewide strategic plan, which includes the interaction of a cancer surveillance system, public and professional education, and a screening and follow-up system.

**cone biopsy** - The removal of a cone-shaped piece of tissue from the cervix. This is a more definitive procedure than a cervical biopsy. It is used when abnormal cells extend up into the cervical opening (Os) or through the tissue. This process also used to treat and cure carcinoma in situ and dysplasia.

**conization** - The process of removing a cone of tissue, as in partial excision of the cervix uteri. To better preserve the histologic elements cold conization is performed with a cold knife.

**consensus statements** - Recommendations for the management of a problem, in this case a disease or health problem, formulated by a group of experts based on scientific and clinical information.

**cryosurgery** - The destruction of tissue by exposure to extreme cold in order to produce well-demarcated areas of cell injury and destruction. Used to treat malignant tumors, control pain, reduce lesions in the brain and control bleeding.



**cyst** - A fluid-filled mass that is usually benign. The fluid can be removed for analysis.

**cytology** - Comes from “cyte” which means cell, the study or examination of cells, their origin, structure, function and pathology. The study determines whether cells are cancerous or benign.

**detection** - The finding of a case of a disease. Early detection means that the disease is found at an early stage, before it has grown large or spread to other sites. Mammography and Pap tests are the principal ways to detect breast and cervical cancer early.

**diagnosis** - Identifying a disease by its signs, symptoms and laboratory findings. The earlier a cancer is diagnosed, the better chance for cure.

**diagnostic breast services** - Refers to specialist consultation; additional mammography views; ultrasound; fine needle aspiration; needle, incisional and excisional biopsies relating to breast cancer.

**diagnostic cervical services** - Refers to specialist consultation, colposcopy with/without biopsy and diagnostic LEEP relating to cervical cancer.

**diagnostic mammogram** - Defined by the American College of Radiology as “mammography performed on women who, by virtue of symptoms or physical findings, are considered to have a substantial likelihood of having breast disease.”

**dimpling** - A pucker or indentation of the skin on the breast. It may be a sign of cancer.

**dissemination** - In health education, the dispersal of information, products or services to a population.

**duct** - A pathway. In the breast, a duct is a passage through which milk passes from the lobule (which makes the milk) to the nipple.

**ductal carcinoma in situ** - Cancer cells that started in the milk ducts and has not penetrated the duct walls into the surrounding tissue. Surgery is the treatment option for this highly curable form of breast cancer.

**ductal papilloma** - Small, finger-like, noncancerous growth in the breast ducts that causes bloody discharge and often found in women 45-50 years of age. When they exist, breast cancer risk is slightly higher.

**dysplasia** - An abnormality in size, appearance and organization of adult cells that requires a biopsy for diagnosis.

**ectocervix** - The outside, visible portion of the cervix.

**endocervical curettage (ECC)** - The surgical scraping of the lining of the uterine cervix.

**endocervix** - The mucous membrane lining the canal of the cervix, sometimes referred to as the endocervical canal.

**endocrine glands** - Glands that release hormones into the bloodstream. The ovaries are examples of endocrine glands.

**endocrine therapy** - Manipulation of hormones for therapeutic purposes.

**endometrium** - The membrane lining of the uterus.

**epidemiology** - The collection and statistical analysis of data relating to the factors that have an impact on health and how they relate to one another. In the study of people who get cancer, the analysis of specific types of cancer and the factors that play a part in the development of that cancer.

**estrogen** - A female sex hormone produced primarily in the ovaries, possibly in the adrenal cortex. In men it is produced in the testes (in much smaller amounts than in women). In women, levels of estrogen fluctuate on nature's schedule, influencing the development of secondary sex characteristics, including breast size, regulation of the monthly cycle of menstruation and preparing the body for fertilization and reproduction. In breast cancer, estrogen may feed the growth of cancer cells.

**etiology** - The study of the cause of disease. In cancer, there are many etiologies, although research shows that genetics is a major factor in many cancers.

**false negative** - Negative results of a screening test, when in reality the result should be positive.

**false positive** - Positive results of a screening test that mistakenly identifies a disease when one is not present.

**federal poverty level (FPL)** - A measure of income determined annually by the U.S. Census Bureau based on the last calendar year's increase in prices as measured by the Consumer Price Index. For some programs, it helps determine a person's eligibility. A woman is eligible for SMHW if her income is at or below 200 percent of the FPL.

**fibroadenoma** - A type of benign breast tumor composed of fibrous tissue and glandular tissue. On clinical examination or breast self-examination, it usually feels like a firm, round, smooth lump. These usually occur in young women.

**fibrocystic changes** - A term that describes certain benign changes in the breast. Symptoms are breast swelling or pain. Signs are nodules, lumpiness and nipple discharge. Not cancerous.

**fibrocystic condition** - The presence of single or multiple benign cysts in the breasts.

**fibrosis** - Formation of fibrous (scar) tissue, which can occur anywhere in the body.

**five-year survival** - Survival of cancer for five years after treatment of the disease. This is a milestone for most cancer patients, indicating treatment was successful.

**genes** - Segments or units of DNA that contain information on hereditary characteristics such as hair or eye color and height. Women who have the BRCA1 gene have inherited a tendency to develop breast cancer.

**genetic** - Something related to the genes.

**glands** - Organs that produce and release chemicals used locally or elsewhere in the body. Often, this term refers, incorrectly, to mean lymph nodes.

**grade** - The classification of the severity of a disease.

**gynecological consultation** - A referral to a gynecologist for an abnormal screening examination follow-up.

**health education** - Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health.

**health promotion** - Activities directed toward developing the resources of clients that maintain or enhance well-being.

**hereditary cancer syndrome** - One or several types of conditions associated with cancers that occur within multiple family members, because they have an inherited, mutated gene.

**high-grade squamous intraepithelial lesion (HSIL)** - The Bethesda System classification for a Pap smear result that includes cellular changes of moderate to severe dysplasia (CIN 2 and 3/CIS).

**high risk** - A higher risk of developing cancer compared with the general population. Some factors that place a person at a higher risk are a family medical history, lifestyle choices and the exposure to environmental influences.

**hormone** - Chemical substance released into the body by the endocrine glands, such as thyroid or ovaries. The substance travels through the bloodstream and sets in motion various body functions. For example, prolactin, produced by the pituitary gland, begins and sustains the production of milk in the breast after childbirth.

**human papillomavirus (HPV)** - A sexually transmitted virus implicated in the pathogenesis of cervical cancer and its precursor lesions. HPV infections of the genital tract are often thought to be the most common sexually transmitted viral disease. The manifestations of HPV are variable, ranging from occult infection to overt disease in which there is clinical and pathological evidence of HPV infection. Of the approximately 70 types of HPV, 20 types are detectable in the female genital tract and 15 types are evident in the majority of invasive carcinomas.

**hyperplasia** - An abnormal increase in the number of cells in a specific area, such as the lining of the breast ducts. This overgrowth may be due to hormonal stimulation, injury or continuous irritation. It is not cancerous by itself, but when the proliferating cells are atypical, the risk of cancer developing is greater.

**hysterectomy** - The surgical removal of the uterus. Types include a total hysterectomy, removal of the uterus and cervix, and radical hysterectomy, the removal of ovaries, oviducts, lymph nodes, lymph channels, uterus and cervix.

**imaging** - Any method used to produce an image of internal body structures. Some methods used to detect cancer are x-rays, magnetic resonance imaging (MRI), bone scans, scintigraphy, computerized axial tomography (CAT scans), and ultrasonography.

**immune system** - The complex system by which the body resists invasion by a foreign substance such as a bacterial infection or a transplanted organ.

**incidence** - The number of new cases of a disease or condition diagnosed during a specified time.

**incisional biopsy** - The surgical removal of a portion of an abnormal area of tissue for microscopic examination.

**indicated but not performed (refused)** - An examination result that applies to the field used to record examination results. This entry is marked when a client does not want the recommended examination or when a client has periodically missed appointments.

**infiltrating ductal carcinoma** - A cancer that starts in the milk passages of the breasts (ducts) and then breaks through the duct wall, where it invades the fatty tissue of the breast. When it reaches this point, it has the potential to spread or metastasize elsewhere in the breast, as well as to other parts of the body through the bloodstream and lymphatic system. Infiltrating ductal carcinoma is the most common type of breast cancer, accounting for about 80 percent of breast malignancies.

**inflammation** - A local response to cellular injury to the immune system that is marked by capillary dilatation, redness, heat, pain, swelling, or infiltration by cells.

**inflammatory breast cancer** - A rare cancer, where the breast looks as if it is inflamed because of its red appearance and warmth. The skin shows signs of ridges and wheals or may have a pitted appearance, and the cancer tends to spread quickly.

**infraclavicular nodes** - Lymph nodes located beneath the clavicle (collarbone). They are part of the network of axillary (armpit) nodes.

**internal mammary nodes** - Lymph nodes beneath the breast bone on each side. The lymph glands of the breast drain into the internal mammary nodes.

**intervention** - A strategy incorporating methods and techniques that interact with a patient or population.

**intraductal papilloma** - A benign tumor that starts in the ductal system of the breast. It can cause discharge from the nipple. A woman with papillomatosis (multiple intraductal papillomas) is at increased risk of developing breast cancer.

**invasive cancer** - A cancer that has invaded surrounding tissue and spread to distant parts of the body.

**invasive cervical carcinoma** - Infiltration of cancer cells into the tissue beyond the epithelium of the cervix. This term indicates that a malignant growth extends deeper than 3 mm into the stroma.

**lobes, lobules, acini** - Milk-producing tissues of the breast. Each of the breast's 15 to 20 lobes branches into smaller lobules, and each lobule ends in scores of tiny acini. Milk originates in the acini and is carried by ducts to the nipple.

**lobular carcinoma (infiltrating or invasive)** - A type of breast cancer that starts within the lobules. It may be multicentric (occurring in multiple lobules). Compared with other types of breast cancer, this type has a higher chance of occurring in the opposite breast as well. It can often be difficult to diagnose, even with careful physical examination or mammography.

**lobular carcinoma in situ** - A very early type of breast cancer developing within the milk-producing glands (lobules) of the breast. It does not penetrate through the wall of the lobules. Researchers think that lobular carcinoma in situ does not eventually become an invasive lobular cancer. They believe, instead, that it places women at an increased risk of developing an invasive breast cancer later in life. This condition makes it important for women with lobular carcinoma in situ to have a physical examination three to four times per year and an annual mammogram.

**local excision** - The removal of a lesion or tumor confined to the breast.

**localized breast cancer** - A cancer that arose in the breast and is confined to the breast.

**loop electrosurgical excision procedure (LEEP)** - A surgical procedure used on the cervix by which an electrical current generating a radio frequency is passed through a wire loop, which is then drawn around the cervical opening (Os) to excise the tissue. The procedure, usually performed in an outpatient setting, uses local anesthesia. Either the transformation zone or a cone-like specimen can be obtained and depends on the size of the loop and lesion. Terms used for this procedure are LEEP and LLETZ (large loop excision of transformation zone).

**low-grade squamous intraepithelial neoplasia (LSIL)** - The Bethesda System classification for a Pap smear result, which includes cellular changes of HPV, mild dysplasia (CIN 1) or koilocytotic atypia.

**lump** - Any kind of mass that can be felt in the breast or elsewhere in the body.

**lumpectomy** - Removal of the breast lump plus a margin of normal tissue around it. If malignant tissue is found, radiation therapy or mastectomy often follows. Also known as limited breast surgery.

**lymph** - Clear fluid that passes within the lymphatic system and contains cells known as lymphocytes. These cells fight infections. They have a lesser role in fighting cancer.

**lymph nodes (lymph glands)** - Small masses of bean-shaped tissue located along the lymphatic vessels that remove waste fluids from lymph and acts as filters of impurities in the body.

**malignant tumor** - A mass of cancer cells that may invade surrounding tissues or spread to distant areas of the body.

**mammogram** - An x-ray of the breast.

**mammography facility** - An entity that has met SMHW requirements to become an approved provider or provides mammography services for other SMHW-approved providers.

**Mammography Quality Standards Act of 1992 (MQSA)** - The national accreditation of mammography units through the FDA.

**mastectomy** - Surgical removal of the breast(s): (1) Modified radical mastectomy: removal of the breast, skin, nipple, areola and most of the auxiliary lymph nodes on the same side, leaving the chest muscle intact. (2) Halstead radical mastectomy: removal of the breast, skin, both pectoral muscles, and all auxiliary lymph nodes on the same side. (3) Extended radical mastectomy: removal of the breast, skin, pectoral muscles (major and minor), and all auxiliary and internal mammary lymph nodes on the same side. (4) Partial mastectomy: removal of less than the whole breast, taking only part of the breast in which the cancer occurs and a margin of healthy breast tissue surrounding the tissue. (5) Prophylactic mastectomy: removal of the interior of one or both breasts. For cancer prevention, this procedure is done before any evidence can be found. It is a recommendation for a woman at a very high risk of breast cancer; its efficacy is unproven. (6) Quadrantectomy: a partial mastectomy that removes the quarter of the breast that contains the tumor. (7) Segmental mastectomy: partial mastectomy. (8) Total mastectomy: removal of only the breast.

**medical professional/clinician** - Physician, physician's assistant, certified nurse practitioner, certified nurse midwife, or registered nurse.

**medullary carcinoma** - A specific histology of infiltrating breast cancer in which the tumor appears well defined, with obvious boundaries between tumor tissue and normal tissue. Medullary carcinoma accounts for five percent of breast cancer.

**menarche** - The first menstrual period. Early menarche (before age 12) is a risk factor for breast cancer, possibly because the earlier a woman's periods begin the longer the exposure to estrogen.

**menopause** - The time in a woman's life when monthly cycles of menstruation cease forever and the level of hormones produced by the ovaries decreases. Menopause usually occurs in the late 40s or early 50s, but surgical removal of the ovaries (oophorectomy) or the ovaries and uterus (total hysterectomy) can induce it, as can some chemotherapy that destroys ovarian function. Some breast cancer chemotherapies are among those that can cause menopause.

**metaplasia** - Abnormal replacement of cells of one type by cells of another type. It does not represent a malignant or premalignant condition.

**metastasis** - The spread of cancer cells to distant areas of the body by way of direct extension, lymph system, or bloodstream.

**minimum data elements (MDE)** - Clinical data items submitted to CDC two times a year.

**needle aspiration** - Removal of fluid from a cyst or cells from a tumor. In this procedure, a needle and syringe (like those used to give injections) are used to pierce the skin, reach the cyst or tumor, and with suction, draw up (aspirate) specimens for biopsy analysis. If the needle is thin, the procedure is called fine needle aspiration (FNA).

**needle localization** - A procedure used to do a breast needle biopsy, when the lump is difficult to locate or in areas that look suspicious in the x-ray but do not have a distinct lump. During the procedure, and after local anesthesia numbs the area, an X-ray guides a thin needle and wire to the area to be biopsied. A tiny hook on the end of the wire holds it in place. Then, using the wire path as a guide, the physician inserts a hypodermic needle (as the type used to give injections) and takes a sample of the tissue. The biopsy is complete. (Also see *needle aspiration*.)

**neoplasia** - The pathologic process that results in the formation and growth of a neoplasm.

**neoplasm** - Any abnormal growth; neoplasms may be benign or malignant. Cancer is a malignant neoplasm.

**nipple** - The tip of the breast; the pigmented projection in the middle of the areola. The nipple contains the opening of milk ducts from the breast.

**nipple discharge** - Any fluid coming from the nipple. It may be clear, milky, bloody, tan, gray or green.

**nodal status** - A count of the number of lymph nodes in the armpit (axillary nodes) to which cancer has spread (node-positive) or has not spread (node-negative). The number and site of positive axillary nodes help forecast the risk of breast cancer recurrence.

**node** - A lymph gland.

**nodule** - A small, solid lump that can be located by touch.

**Nolvadex** - Trade name for tamoxifen, an antiestrogen drug commonly used in breast cancer therapy. (Also see *tamoxifen*.)

**noncancerous** - Benign; not malignant; no cancer is present.

**normal hormonal changes** - Changes in breast and other tissues that are caused by fluctuations in levels of female hormones during the menstrual cycle.

**not needed (omitted)** - A category used to record examination results when it is not appropriate to perform a screening test on that particular woman. This choice might be marked under mammography results, if a woman had a mastectomy of one breast. Or, under the Pap smear results if she had a recent Pap smear at her provider's office, is pregnant, or has had a hysterectomy.

**nucleus** - The powerhouse at the center of a cell where the cell's important activities are carried out. DNA resides and replicates in the nucleus.

**nurse practitioner** - A nurse who is licensed as a registered nurse (RN) and has taken additional highly specialized training and is nationally certified and recognized by the Missouri State Board of Nursing as an Advanced Practice Registered Nurse. Nurse practitioners must have written collaborative agreements with a physician. They take on additional duties in diagnosis and treatment of patients, and in many states they may write prescriptions. (Also, refer to *oncology nurse specialist*.)

**oncologist** - A physician who is specially trained in the diagnosis and treatment of cancer. *Medical oncologists* specialize in the use of drugs and chemotherapy to treat cancer. *Radiologic oncologists* specialize in the use of x-rays (radiation) to kill tumors. *Surgical oncologists* specialize in the use of surgery to treat cancer. Medical and radiation oncologists often cooperate in giving complicated treatments.

**oncology nurse specialist** - A nurse who has taken highly specialized training in the field of cancer after being licensed as a RN (registered nurse). Oncology nurse specialists may mix and administer treatments, monitor patients, prescribe and provide aftercare (only if the Missouri State Board of Nursing as an Advanced Practice Registered Nurse recognizes them), and teach and counsel patients and their families. Many oncology nurse specialists are also certified nurse practitioners. (Also see *case manager*, *nurse practitioner*.)

**oncology social worker** - A person who has a master's degree in social work and has specialized in the field of cancer. This person provides counseling and assistance to people with cancer and their families, especially in dealing with the crises that can result from cancer but are not medical, such as financial problems, housing when treatments must be at a facility far away from home, and childcare or eldercare.

**ovary** - A reproductive organ in the female pelvic region. Normally a woman has two ovaries. They contain the eggs (ova) that joined with sperm, result in pregnancy. Ovaries are also the primary site of production of estrogen. (Also, refer to *estrogen*.)

**Paget's disease of the nipple** - A form of breast cancer that begins in the milk passages (ducts) and involves the skin of the nipple and areola. A sign of Paget's disease is a crusting, scaly, red inflamed tissue (dermatitis) lesion on the nipple. With true Paget's disease, cancer is usually also present within the breast. This rare breast cancer type occurs in only 1 percent of cases. If no lump felt, there is generally a good outcome or prognosis.

**palliative treatment** - Therapy that relieves symptoms, such as pain, but does not cure the disease. Its main purpose is to improve the quality of life.

**palpation** - A simple technique in which a health care provider presses on the surface of the body to feel organs or tissues underneath. One can feel a palpable mass in the breast.



**Papanicolaou smear (Pap test)** - A screening test of the cells of the cervix used to detect early signs of cervical cancer.

**Papanicolaou stain (Pap stain)** - A multichromatic staining process used primarily on gynecological specimens. It provides great transparency and delicacy of detail, which is important in cancer screening, especially of gynecologic screens.

**pathologist** - A physician who specializes in the identification of abnormalities and disease by examining body tissue under a microscope and organs. The pathologist determines whether a lump is benign or cancerous.

**pathology** - A study of disease through examination of body tissues and organs under a microscope for evidence of disease. Diagnosis of any tumor thought to be cancer by examination under a microscope.

**pectoral muscles** - Muscles attached to the front of the chest wall and upper arms; the larger muscle group is known as pectoralis major, and the smaller muscle group is known as pectoralis minor. Because these muscles are in close proximity to the breast, they may become involved in breast cancer or surgery to treat it.

**pelvic examination** - An internal physical examination used to detect a variety of gynecological disorders. Performed by a physician, nurse or physician's assistant, the pelvic examination is, and includes, a visual inspection of the vagina and cervix, as well as palpation of the uterus and ovaries.

**pigment** - A class of substances that provide color, including in the human body. The areola and nipple of the breast are pigmented with melanin. Normally a brownish tint, melanin, in these areas of the breast can range from pale pink to deep brown.

**predisposition** - Susceptibility to a disease that can be triggered under certain conditions. For example, some women have a family history of breast cancer and are therefore predisposed (but not necessarily destined) to develop breast cancer.

**premalignant** - Abnormal changes in cells that may, but not always, become cancer; also known as precancerous. Most of these early lesions respond well to treatment and result in cure.

**prevalence** - A measure of the proportion of persons in the population with a particular disease at a specified time.

**prevention** - Avoiding the occurrence of an event, such as development of cancer, by avoiding things known to cause cancer and participating in activities that can or might prevent cancer. For example, avoiding smoking may prevent lung cancer, and taking tamoxifen may prevent breast cancer in women who are at high risk for the disease.

**preventive services** - Programs or products that are developed and provided for the purpose of health promotion and maintenance.

**primary site** - The site where cancer begins; usually named after the organ in which it begins; for example, breast cancer.

**progesterone** - A female sex hormone released by the ovaries to prepare the uterus for pregnancy and the breasts for milk production (lactation).

**prognosis** - A prediction of the course of disease, including the prospects for a cure. For example, women with early detected breast cancer and receive prompt treatment have a good prognosis.



**prosthesis (breast)** - An artificial form that can be worn under the clothing after a mastectomy to simulate the shape and form of a natural breast. (Plural: prostheses.)

**protocol** - A formalized outline or plan.

**public health district** - Missouri is divided into six public health districts. In the manual, the word regions is used.

**quality assurance** - The overall process of assessing and maintaining the highest possible quality in the acquisition and interpretation of results.

**radiologic technologist** - A health professional (not a physician) trained to properly position patients for x-rays, to load film and take the images, and to develop and check the images for quality. For mammograms (breast x-rays) machines, the technologist must have special training in mammography. A radiologist reads the films taken by the technologist.

**radiologist** - A physician who has taken additional years of training to produce and read x-rays and other types of images (for example, ultrasound or magnetic resonance imaging) for the purpose of diagnosing abnormalities.

**radiology** - A branch of medicine concerned with the use of radiant energy in the diagnosis and treatment of disease.

**radiotherapy** - Treatment with radiation to destroy cancer cells. Methods used include linear accelerators, x-rays, cobalt, and betatrons. Radiation treatment may reduce the size of a cancer before surgery, or destroy any remaining cancer cells after surgery; also known as *irradiation* and *radiation therapy*.

**Reach to Recovery** - A visitation program of the American Cancer Society for women who have a personal concern about breast cancer. Carefully selected and trained volunteers, who have successfully adjusted to breast cancer and its treatment, provide information and support to women newly diagnosed with the disease.

**reactive changes** - Normal changes in tissue as a result of the body's reaction to an irritation or infectious agent.

**recurrence** - Cancer that has re-occurred or reappeared after treatment. *Local recurrence* is at the same site as the original cancer. *Metastasis* means that the disease has recurred at a distant site. *Regional recurrence* is in the tissue or lymph nodes near the site.

**regimen** - A strict, regulated plan of diet, exercise, or other activity designed to reach certain goals. In cancer treatment, it is a plan to treat cancer.

**regional involvement** - The spread of cancer from its original site to nearby areas such as muscles or lymph nodes, but not distant sites such as other organs.

**Regional Program Coordinator (RPC)** - SMHW staff persons located in several regions of the state who assist with referrals for diagnosis and treatment and provide service coordination/case management services for women enrolled in SMHW.

**rehabilitation** - Activities to adjust, heal, and return to a full, productive life after injury or illness. This may involve physical restoration (such as the use of prostheses, exercises and physical therapy), counseling and emotional support.

**risk factor** - Anything that increases a person's chance of getting a disease such as cancer. The known risk factors for breast cancer include being a woman over the age of 50; family history of the disease, especially in one's mother or sister; beginning menstrual periods at a young age (before age 12); obesity; never having completed a pregnancy; first pregnancy after age 30.

**saline solution** - A saltwater solution.

**scan** - A study using either x-rays or radioactive isotopes to produce images of internal body organs.

**scant cellularity** - An unsatisfactory Pap smear with inadequate cellularity.

**scirrhous cancer** - A breast cancer with a hard, firm, fibrous texture; usually an infiltrating ductal carcinoma.

**screening** - The search for disease, such as cancer, in people without symptoms. Screening may refer to coordinated programs in large populations. The principal screening measure for breast cancer is mammography.

**screening guidelines** - Recommendations for the application of screening procedures, which are formulated by professional and governmental agencies.

**screening mammogram** - American College of Radiology defines a screening mammogram as "an x-ray breast examination of asymptomatic women in an attempt to detect breast cancer, when it is small, nonpalpable and confined to the breast."

**screening provider(s)** - Health departments, primary care facilities, and/or any other entities under contract with Missouri's SMHW program to provide breast and cervical cancer screening services.

**screening services** - Refers to clinical breast examination, Pap smear, pelvic examination, mammography, instruction in breast self-examination, and informational and educational services relating to breast and cervical cancer by providers of SMHW services.

**secondary tumor** - A tumor that forms as a result of spread (metastasis) of cancer from its site of origin.

**shall/must/should** - Reference to the words "shall" and "must" indicate mandatory program policy. "Should" indicates recommended program policy relating to program management and patient care that the provider is urged to follow.

**Show Me Healthy Women (SMHW)** - The functional entity created within the Missouri Department of Health and Senior Services, Division of Community and Public Health, Section for Community Health Services & Initiatives, Bureau of Cancer and Chronic Disease Control, to implement and manage all components of the grant.

**silicone gel** - Synthetic gel compound used in breast implants because of its flexibility, strength, and texture, which is similar to the texture of the natural breast. Silicone gel breast implants are available for women who have had breast cancer surgery. (See *breast augmentation*.)

**sonogram** - An image produced by using high-frequency sound waves. This technique is used to examine and measure internal body structures and detect bodily abnormalities, but does not utilize radiation or x-rays.

**speculum** - A metal or plastic instrument that permits visual inspection of the cervix and performance of a Pap smear.

**staging** - A method of determining and describing the extent of cancer, based on the size of the tumor, whether regional axillary lymph nodes are involved, and whether distant spread (metastasis) has occurred. Knowing the stage at diagnosis determines the best treatment and the prognosis.

**stages of breast cancer:**

- Stage 0:** The earliest stage of breast cancer; the disease is in situ.
- Stage I:** The tumor is 2 cm or less in size and contained within the breast tissue; not spread beyond the breast.
- Stage II:** The tumor is more than 2 cm and spread to regional lymph nodes, such as the lymph nodes under the arm, or the tumor is more than 5 cm in diameter and no regional nodes are involved.
- Stage III:** The tumor, any size, has spread to several regional lymph nodes and/or other tissues near the breast.
- Stage IV:** The cancer has spread to other organs and/or tissues by way of direct extension, lymph system and/or bloodstream.

**stages of cervical cancer:**

- Stage 0:** The earliest stage of cervical cancer; the disease is in situ.
- Stage I:** Cancer has not spread beyond the cervix and uterus.
- Stage II:** Cancer has spread beyond the uterus, but not to the pelvic wall or to the lower third of the vagina.
- Stage III:** Cancer has spread to the pelvic wall and/or involves the lower third of the vagina and/or regional lymph nodes.
- Stage IV:** The cancer has spread to other organs and/or tissues by way of direct extension, lymph system and/or bloodstream.

**stereotactic biopsy** - A diagnostic procedure that combines the technology of radiological imaging with surgical biopsy. Images taken at different angles of the area surrounding a lesion and a computer precisely calculates the lesion's location. An automatic biopsy needle obtains samples of the tissue at the exact spot calculated by the computer.

**subcutaneous mastectomy** - A surgery to remove internal breast tissue, yet the nipple and skin are left intact.

**supraclavicular nodes** - Lymph nodes that are above the collarbone (clavicle).

**surgery** - An operation, a procedure performed by a surgeon to repair or remove a part of the body or to find out if disease is present.

**surgical or specialist consultation** - A referral of a woman to a surgical specialist for additional diagnostic evaluation, following detection of a breast or cervical abnormality.

**survival rate** - A way of expressing how long, on average, people may live after diagnosis of disease or after treatment of the disease and expressed as the percentage of people who live a certain period, as opposed to the percentage of those who die. For example, the five-year survival rate for women with localized breast cancer (including all women living five years after diagnosis, whether the patient was in remission, disease-free, or under treatment) was 78 percent in the 1940's, but in the 1990's it was 93 percent.

**suspicious abnormality** - A finding on a test that indicates cancer might be present.

**synchronous** - At once or at the same time.

**systemic disease** - In breast cancer, a tumor that originated in the breast has spread to distant sites, such as the liver, chest, brain, bones, or lungs.

**tamoxifen (brand name: Nolvadex)** - A drug that blocks estrogen; an antiestrogen drug. Blocking estrogen is desirable in some cases of breast cancer because estrogen feeds the growth of certain types of tumors.

**target population** - The desired or intended audience, in this case for SMHW interventions.

**therapy** - Any of the measures taken to treat a disease. *Alternative therapy* is any unapproved therapy and sometimes called *questionable methods* or *unproven methods*. Sometimes alternative and standard therapies are used together. Some are harmless, some may be helpful, and others can be dangerous, especially if they divert a person with cancer from receiving standard therapy. Some people use alternative therapies along with standard therapy; in this approach, the health care team should be informed of the alternative method used. *Experimental therapy* is any new, as-yet-unproven method that is undergoing testing for specific purposes in a scientific clinical trial. *Standard therapy* is any method that has been scientifically tested and proven useful for specific purposes and is the standard treatment.

**tissue** - A collection of similar cells, united to perform a particular function. There are four basic types of tissue in the body: epithelial, connective, muscle, and nerve.

**tomosynthesis** - An optional method of performing high-resolution mammogram with three-dimensional images of the breast.

**transformation** - A multistep process by which normal cells change into neoplastic cells.

**tumor** - Tissue growth in which the cells multiply uncontrollably, also called *neoplasm*. It can be either benign or malignant. *Benign tumor* is a noncancerous tumor (i.e., does not invade and destroy adjacent normal tissue). *Malignant tumor* is a tumor that is cancerous and likely to cause death unless adequately treated.

**ultrasonography (ultrasound)** - An imaging method in which high-frequency sound waves, transmitted through the area of the body being studied, are used to outline a part of the body; the echoes are read, displayed and transmitted to a television screen. The painless procedure mainly determines if a structure is solid or liquid. It is useful in detecting breast cysts in young women with firm, fibrous breasts. No radiation exposure occurs.

**underinsured** - A patient is considered underinsured if she has medical insurance that does not cover SMHW screening services, or if she has an unmet deductible or required copayment for services covered by SMHW.

**underserved** - Groups of individuals who chronically lack access to health care for a variety of reasons.

**unilateral** - Affecting one side of the body. For example, unilateral breast cancer occurs in one breast only. (Also see *bilateral*.)

**unproven methods of cancer management** - Any therapy that has not been subjected to traditional scientific study and proved effective in clinical trials. Such methods range from harmless to life threatening, especially if used in place of medically sound methods of treatment. The American Cancer Society maintains a reference file on proven methods of cancer management. Information is available by request from the society's toll-free cancer information hotline, 1-800-ACS-2345. (Also see *therapy*.)

**x-rays** - One form of radiation that can, at low levels, produce an image of cancer on film, and at high levels can destroy cancer cells.